



Provider Profile **Report Card**

Service Outcomes for Adults With Serious Mental Illness

Indiana Family and Social Services Administration
DIVISION OF MENTAL HEALTH AND ADDICTION
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Introduction

The Division of Mental Health and Addiction (DMHA) looks at how well its providers are doing in many ways. One method used by the Division is a telephone survey. Consumers are asked about their satisfaction with the services they have received. The results of these are published in the **Consumer Survey Report Cards**.

The Division also looks at data the providers send to examine the amount and kinds of services that they deliver. This information forms the basis for the **Provider Survey Report Cards** and is also used by DMHA to make funding decisions.

A third way of assessing how providers are doing is to look at the **outcomes** of the services they are providing. In other words, what difference are the services making in the lives of consumers? The Division is now able to look at the outcomes of services in a more direct manner. Providers assess individuals twice each year. These clinical assessments are sent to the Division on a quarterly basis. The providers send the Division information on the consumer including diagnosis, age, race, where they live, and what kinds of services they receive. The Division measures outcomes of services by comparing changes in assessment information over time.

This report on **outcomes** looks at changes in the assessments of people who were seen in three different years, or as many years as the provider offered services under contract with the Division. Did people who were seen in 1999 and again in 2000 get better or worse? How about 2000 and 2001? In order to answer these questions, issues of risk adjustment, provider comparisons and performance indicators must be addressed.

Risk Adjustment

The process of grouping individuals receiving services in order to compare outcomes of services is referred to as risk adjustment. For example, it is desirable not to compare outcomes for people with severe schizophrenia with the outcomes for people who have a mild bi-polar personality disorder. The people with schizophrenia or other psychotic disorders are more likely to need treatment for their condition than those experiencing another mental illness that is lower in severity. People with schizophrenia are at greater “risk” than a lower severity group due to the severity of their illness. The graphs on the Provider Summary pages therefore group consumers in the most homogeneous associations possible, to ensure the comparability of the data. Those groups, comprising categories of mental illness, are: Schizophrenia or Other Psychosis, Bipolar Personality, and Other Serious Mental Illness. The risk adjustment procedure also took into consideration the severity of the mental illness, and they are subcategorized as low, moderate and most severe.

Provider Comparisons

In addition, we need to see how successful a provider is at treating individuals within each of the three groups. Comparing a provider’s success with the average rate of success for all providers does this. *Do more individuals in a group at a particular agency show improvement from one year to the next than individuals in the same risk group at other agencies?* In order to make such a comparison we had to develop a fair and understandable system for turning individual scores into agency performance indicators. This was accomplished through the development of performance indicators. Even though only one year of data were available, the performance indicators were created in order to produce the ability to make single year comparisons among SMI providers.

Performance Indicators

For each of the three groups, the Division looked at people who received services in State Fiscal Year 2001 (July 1, 2000 through June 30, 2001). We looked at the difference in those people’s assessment scores. For each group, there was a pretty wide range of scores. Each group was then split into thirds,

with one group being “most improved,” one group being “least improved” and one group being in the middle. If the providers were all doing the same quality of care for each of the three groups, they would have one third of their consumers fall into the most improved group, one third in the least improved group, and one third in the middle. However, there were some differences between providers.

For some of the groups, the number of people seen was small. If any agency saw only a very few people in one of the categories, it would not be fair to compare the percentages. If an organization had less than three individuals that were seen in a year in any of the three categories, we dropped that category for that agency for that period. In addition to omitting bars for categories containing less than three observations, no provider page was included if the related data contained no observations or if each of the three categories contained an insufficient number of observations. However, data obtained for all providers is included in the tables on pages 34-36.

How to Read the Graphs

Each provider’s information is represented on a graph. In each table the 2000-2001 data are shown, this is done for each diagnostic category: low, moderate and most severe impairments. The number of people who were assessed in each year and fall into each group is also provided.

As mentioned earlier, if providers were all having the same level of success with a particular diagnostic group, one third of the people they saw would be in the “most improved” category, one third in the “least improved” category and the remaining third would be in the “average” improvement group. To delineate these expected levels of performance there are marks that represent 33% and 67% along the sides of the graphs.

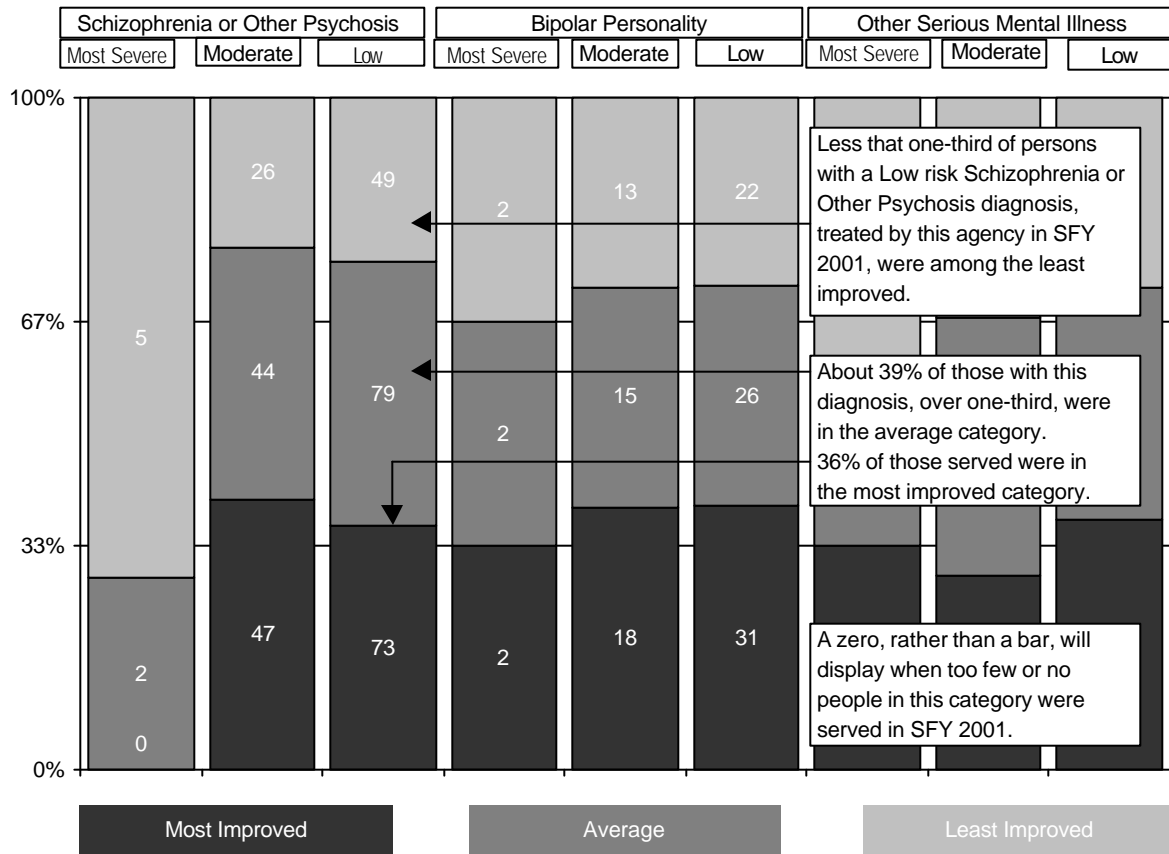
For each diagnostic category, if the provider has more than one-third of its consumers in the “most improved” group, the provider is doing better than average. On the graphs, the “most improved” category is represented by the darkest shading and appears at the bottom of the graph bars. In the sample graph (see following page), the third column from the far-left shows that the provider had 201 people with Low risk Schizophrenia or Other Psychosis that were seen in SFY 01. Of those 201 individuals, 73 were in the most improved category, 79 were in the average category and 49 were in the least improved category. For consumers in 2001, the graph shows that just over one-third of their consumers in this category were in the most improved group. Since 36% were in the “most improved” category, this provider did better than average.

In the second column, more than two-thirds (91 of 117) of the consumers with Moderate Schizophrenia or Other Psychosis seen in SFY 01 were classified as either “most improved” or “average improvement.” This is an indication that the provider did better than average with consumers in this diagnostic category.

Considering the graphs visually, the larger or taller the darkest shading in a column, and the smaller the lighter shading, the more successful the provider was in helping consumers improve. In the first column or bar from the left, the graph shows that well over one-third (71% or 5 of 7) of the consumers in the Schizophrenia, Most Severe category seen in SFY 01 were among the least improved. Since this is more than the expected one-third, this provider did slightly worse than average with this group among consumers seen in 2000-2001. It is important to note the number of persons seen for each category. In this bar for instance, there were only a total of 7 people seen. The difference between being considered above or below average can change with only a couple of patients. This is why the number of people seen is included within each category.

Some providers did not report on a sufficient number of clients to permit a statistically valid analysis of their outcomes. In these cases, no stacked bar is shown on the graph.

Sample Graph



One-page summaries with provider names, contact information and the outcome graphs begin on the following page.

Midtown Community Mental Health Center

(401)
850 N. Meridian St., 2nd Floor
Indianapolis, IN 46204
(317) 554-2703

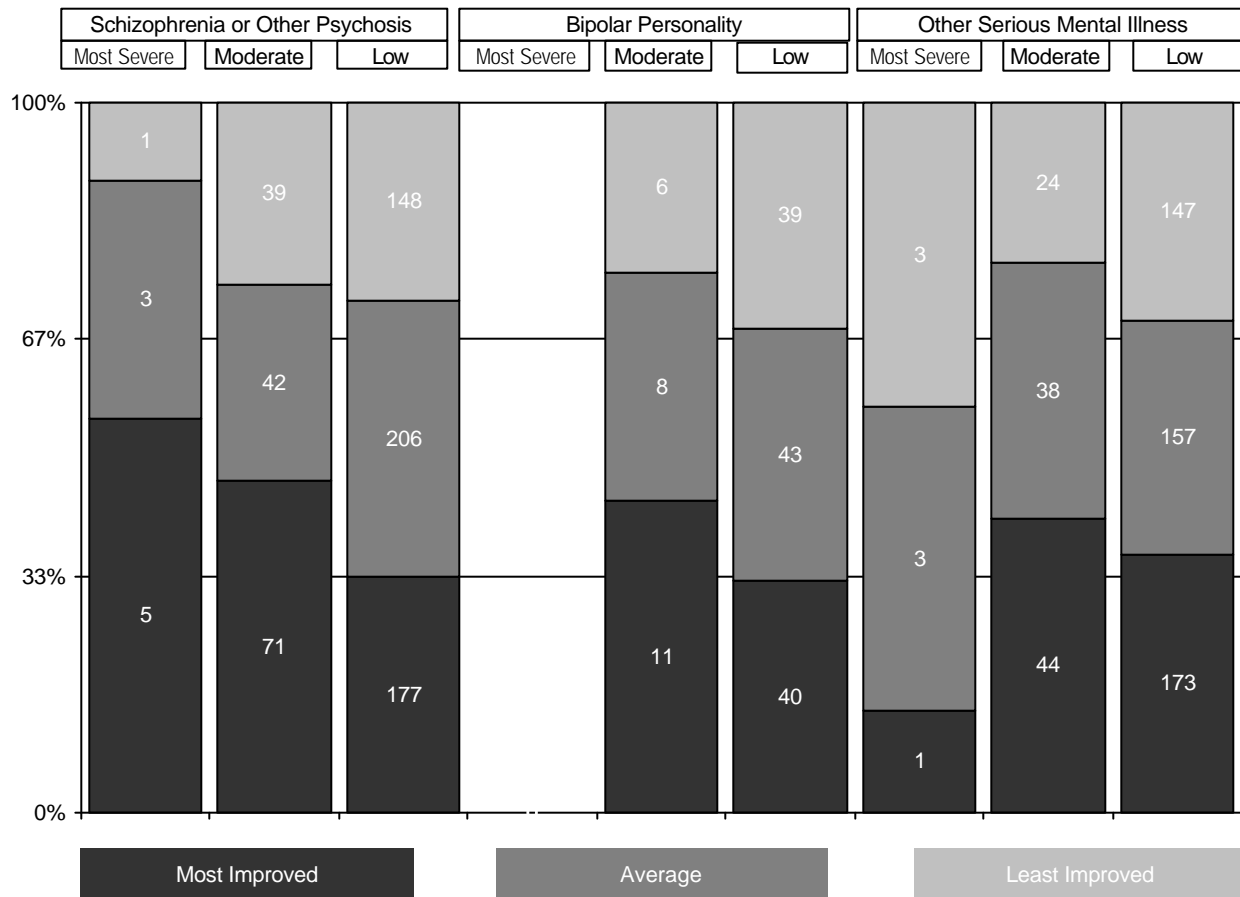
CEO

Dennis R. Jones, MSW, MBA
Executive Director
(317) 554-2703

Consumer Contact

Noel Wyatt, CCSW, ACSW
Care Business Director
(317) 554-2713
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Jim Hayes, MBA
UR/C QI Specialist
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LifeSpring Mental Health Center

(402)

207 West 13th Street
Jeffersonville, IN 47130

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CEO

Terry Stawar, Ed.D

CEO

(812) 283-4491

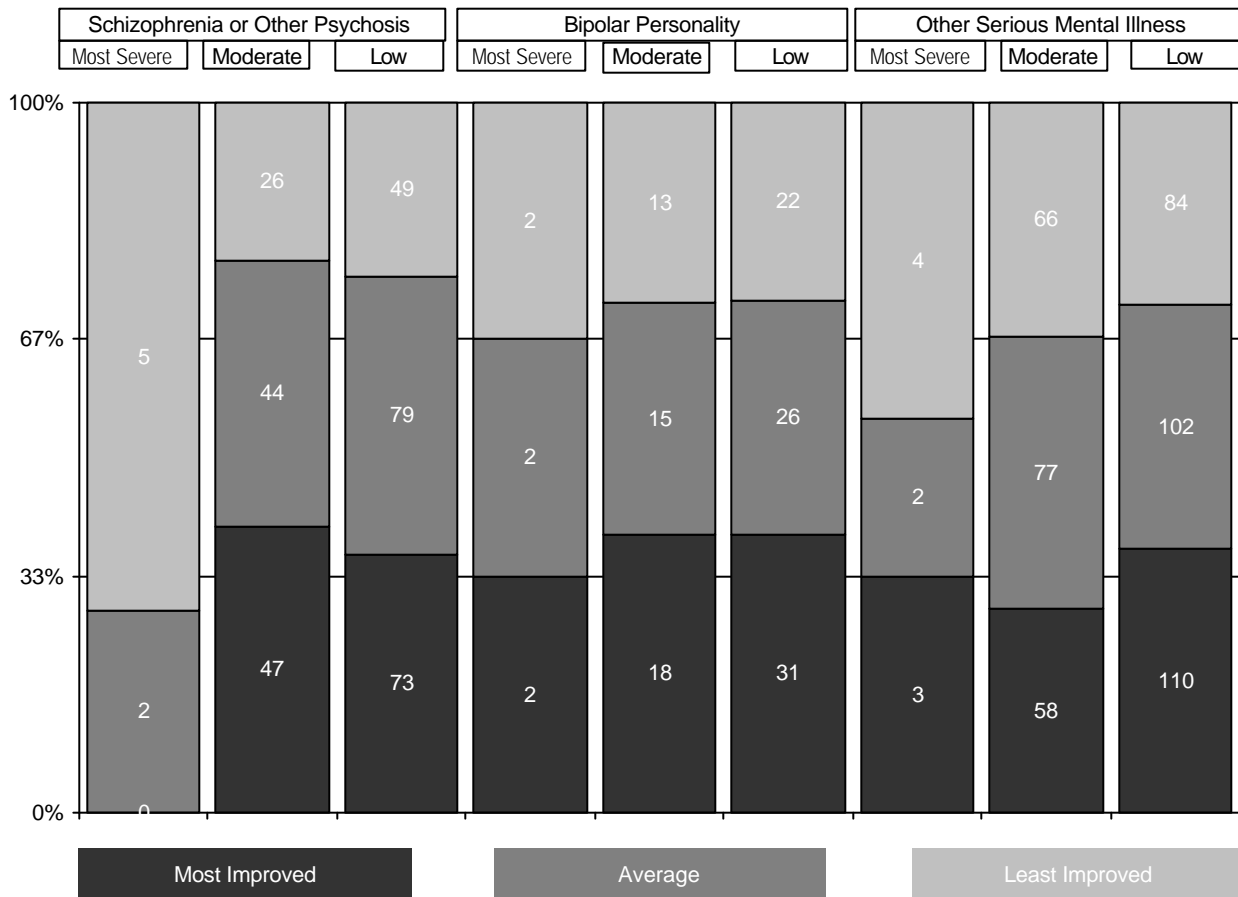
Consumer Contact

Ginger Grizzle

QI Director

(812) 280-2080 ext. 204

ggrizzle@lifespr.com



Samaritan Center

(403)

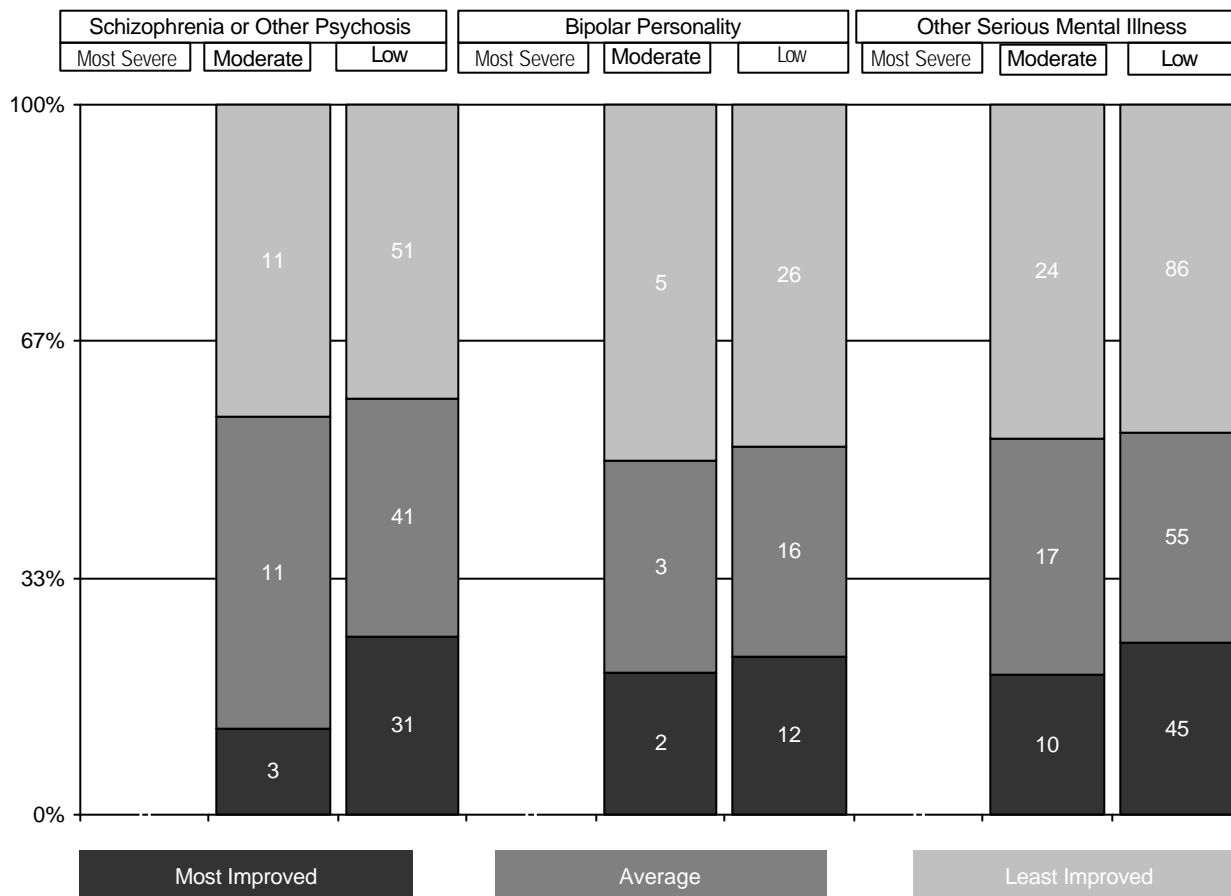
515 Bayou Street
Vincennes, IN 47591
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CEO

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Southwestern Indiana Mental Health Center, Inc.

(404)

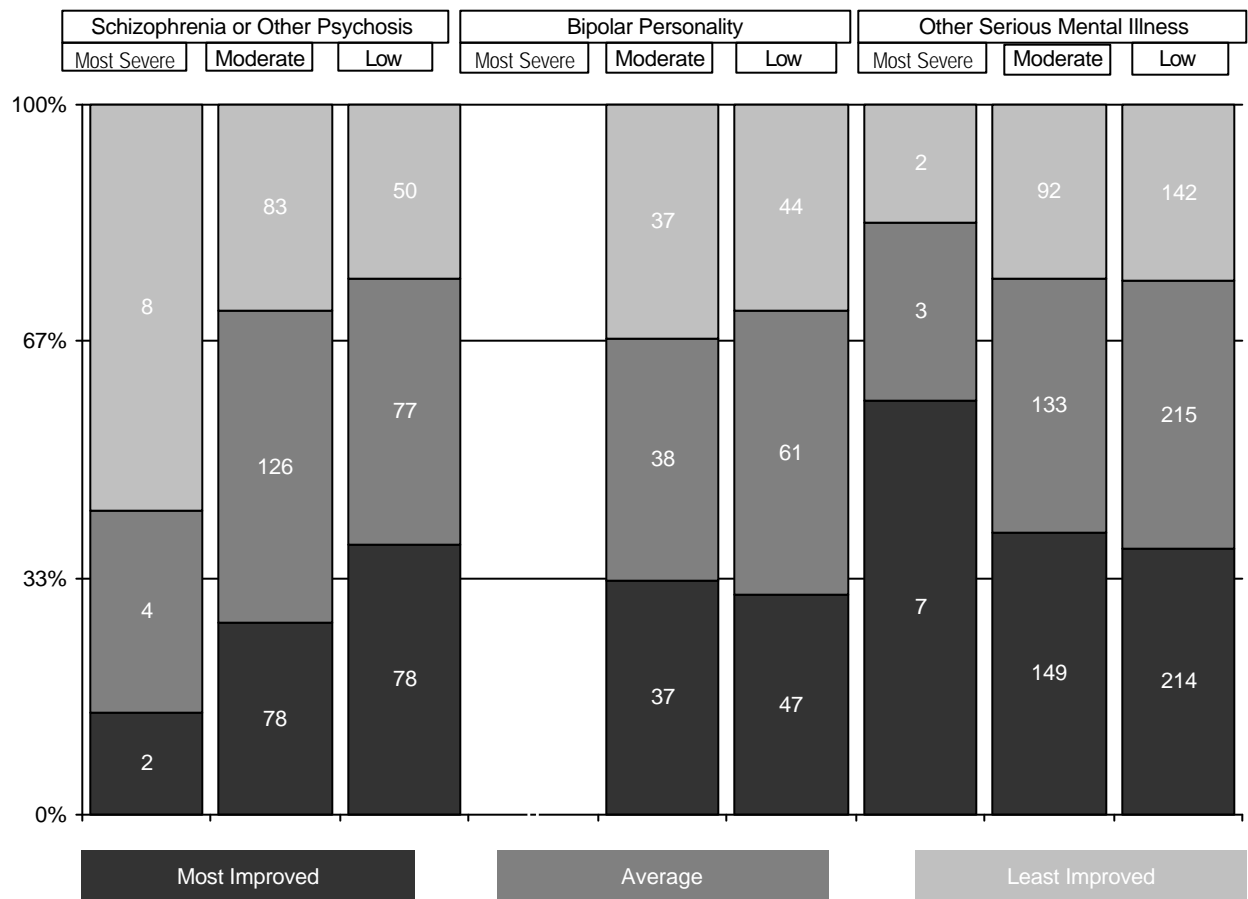
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John K. Browning, MBA, CBHE
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Hamilton Center, Inc.

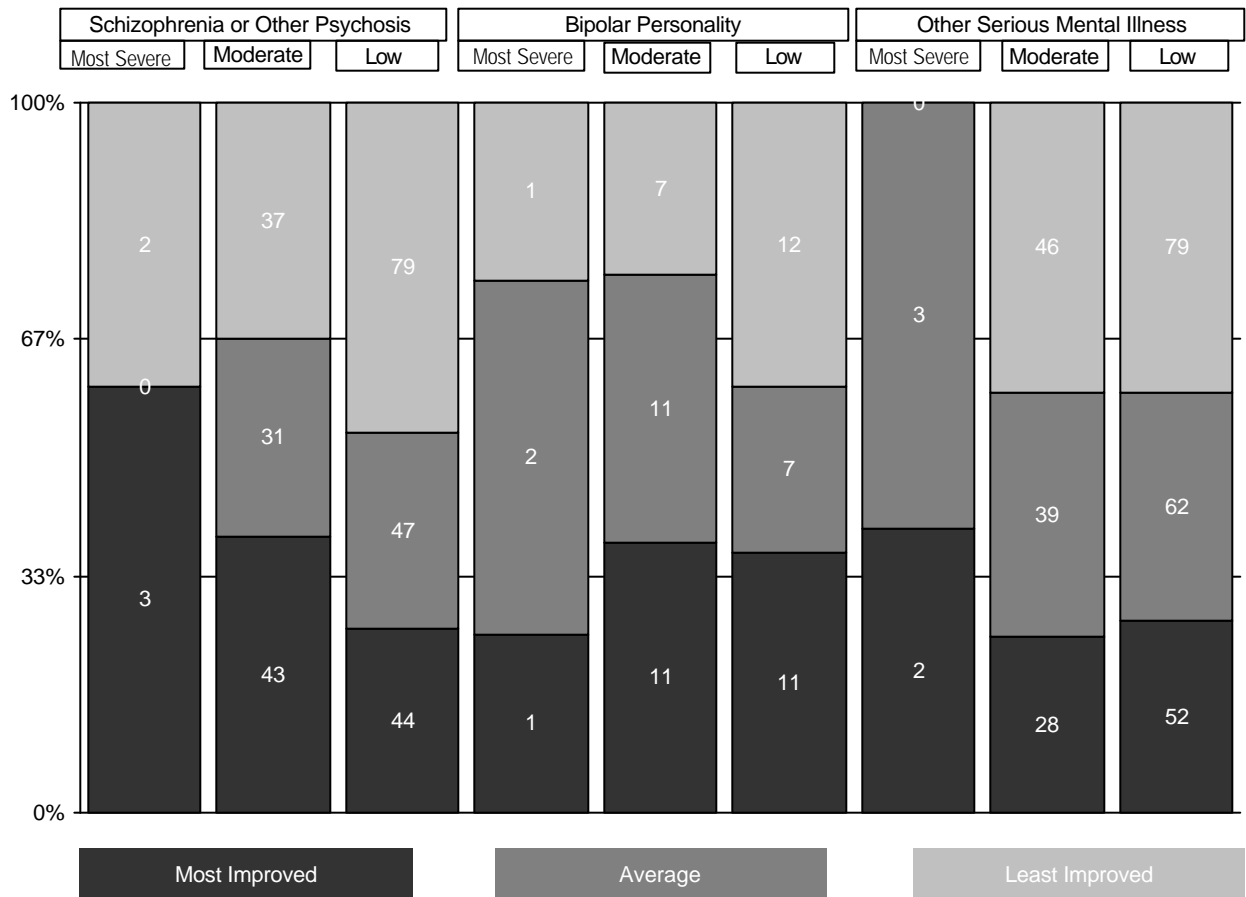
(405)
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(406)

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CEO

Jack Roberts, MBA

CEO

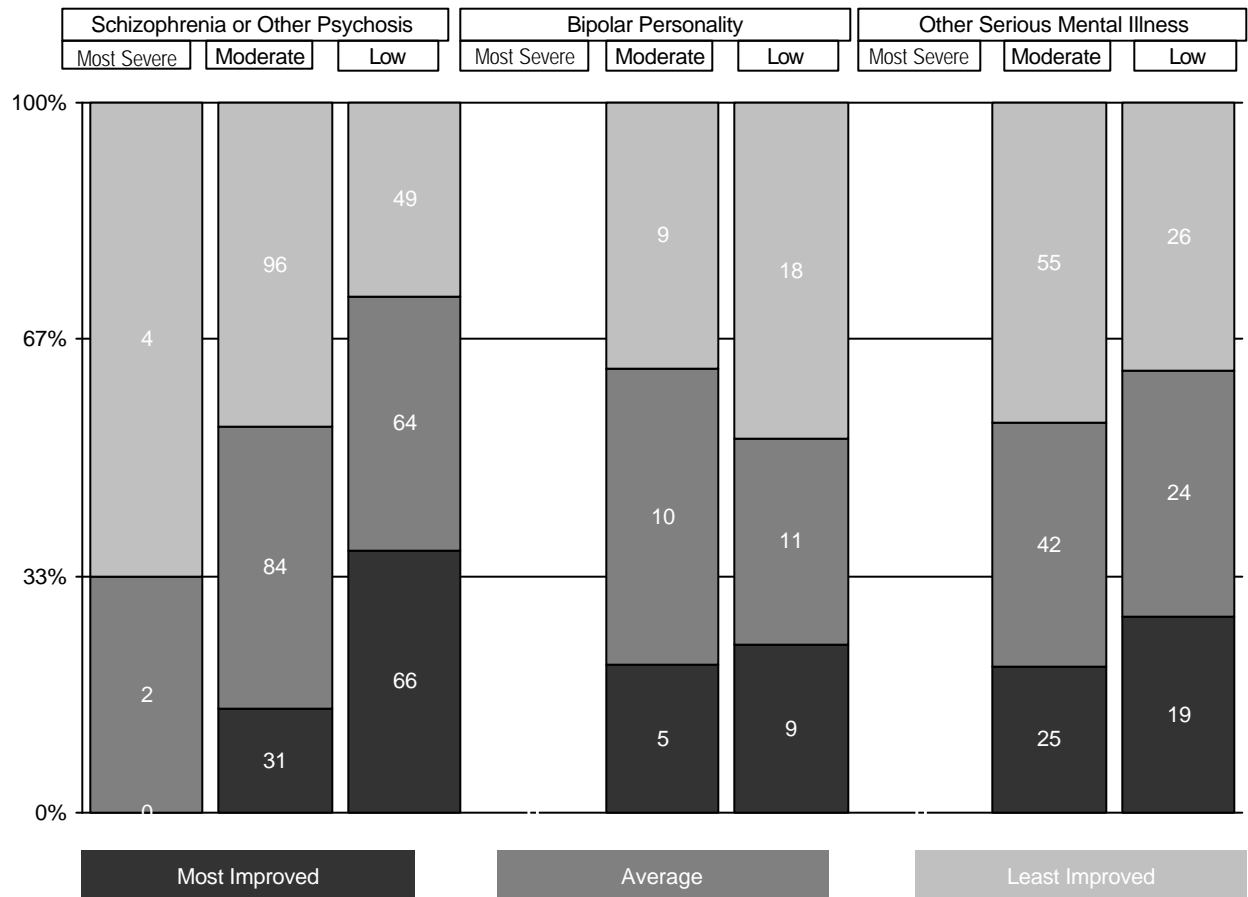
(574) 234-0061

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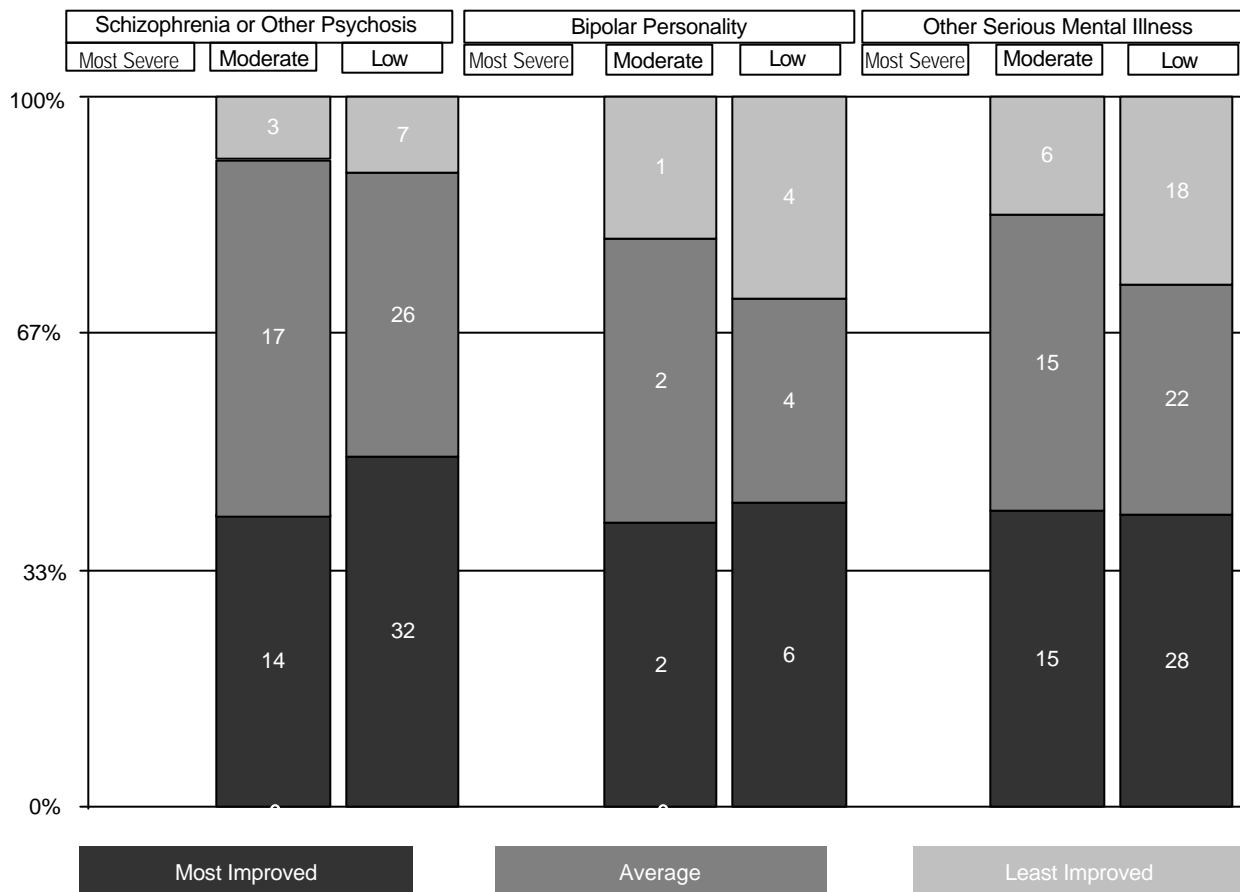
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CEO

Nicola Scott
Director of Behavioral Health
(765) 453-8555

Consumer Contact



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(408)

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Columbus, IN 47202

(812) 348-7449

CEO

Robert J. Williams, Ph.D.

President/CEO

(812) 248-7449

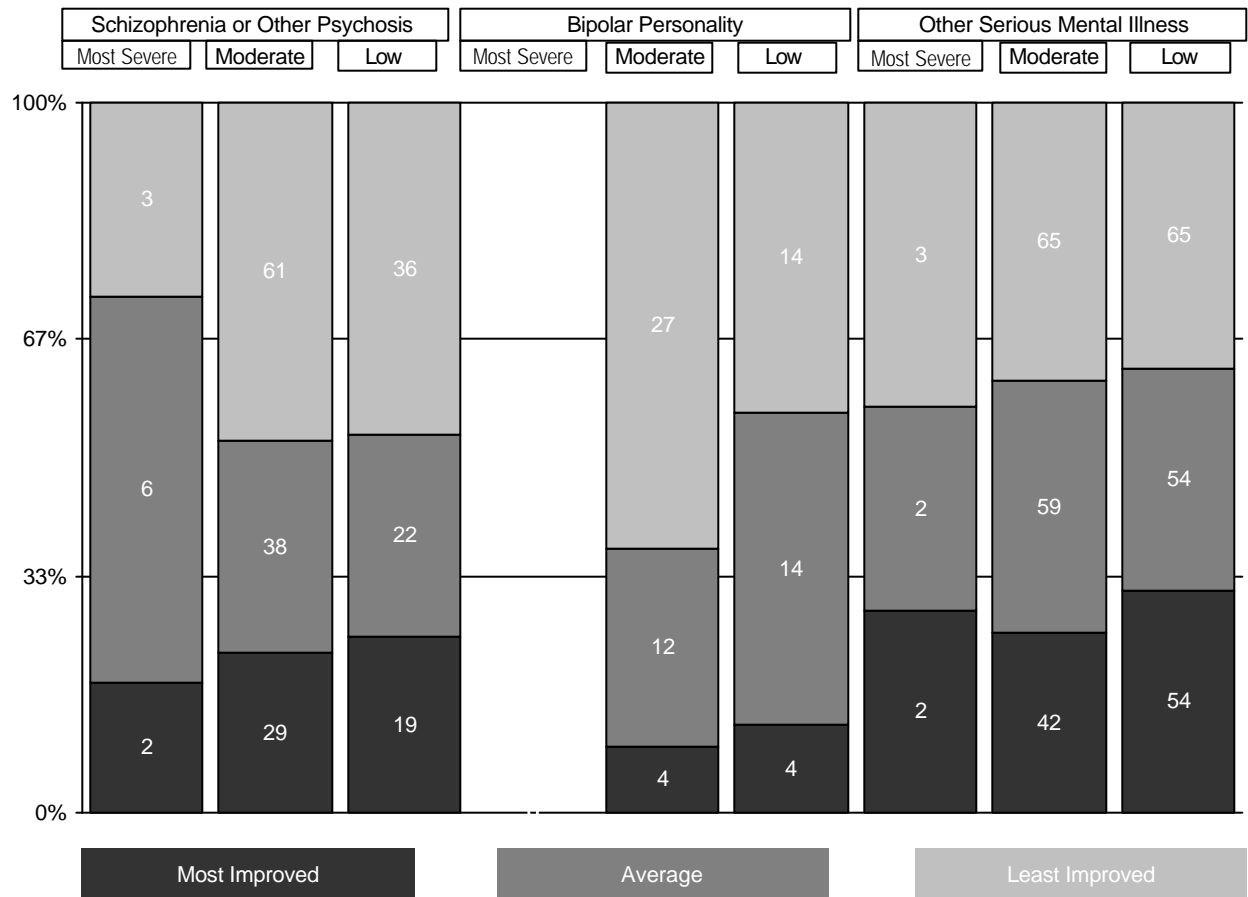
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(409)
2600 Oakland Avenue
Elkhart, IN 46517
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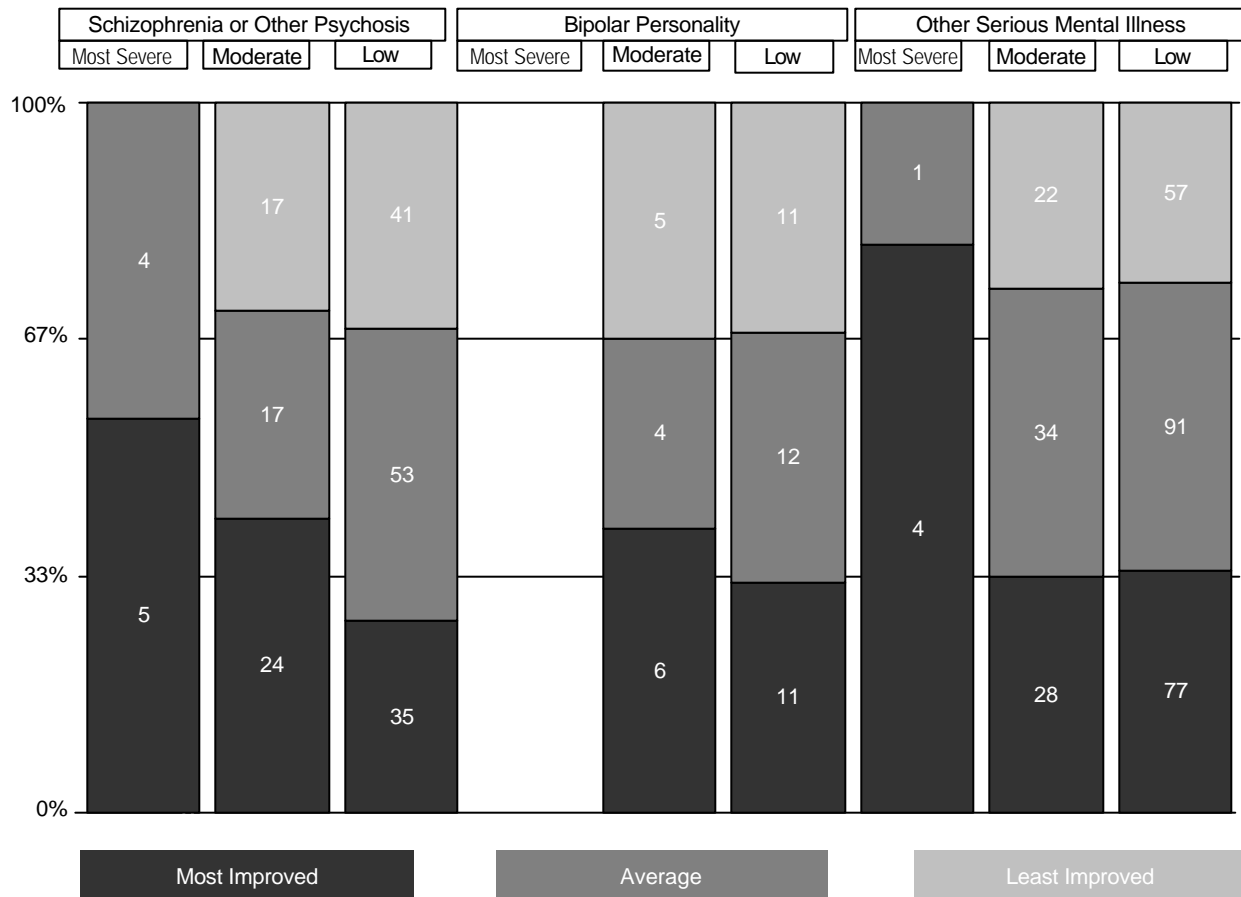
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Vice President Adult Services
(574) 533-1234

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LaPorte County Comprehensive Mental Health Council, Inc.

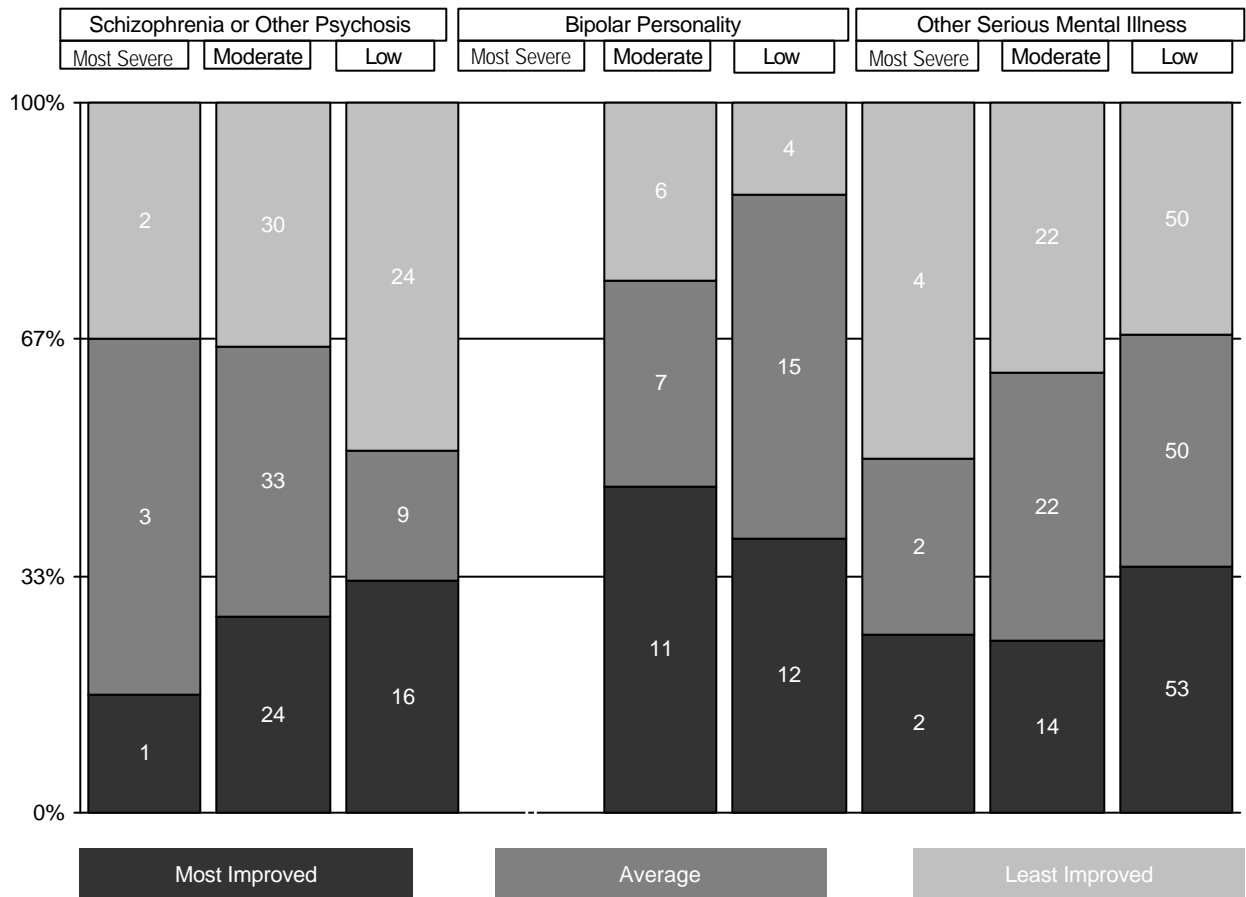
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Center for Behavioral Health

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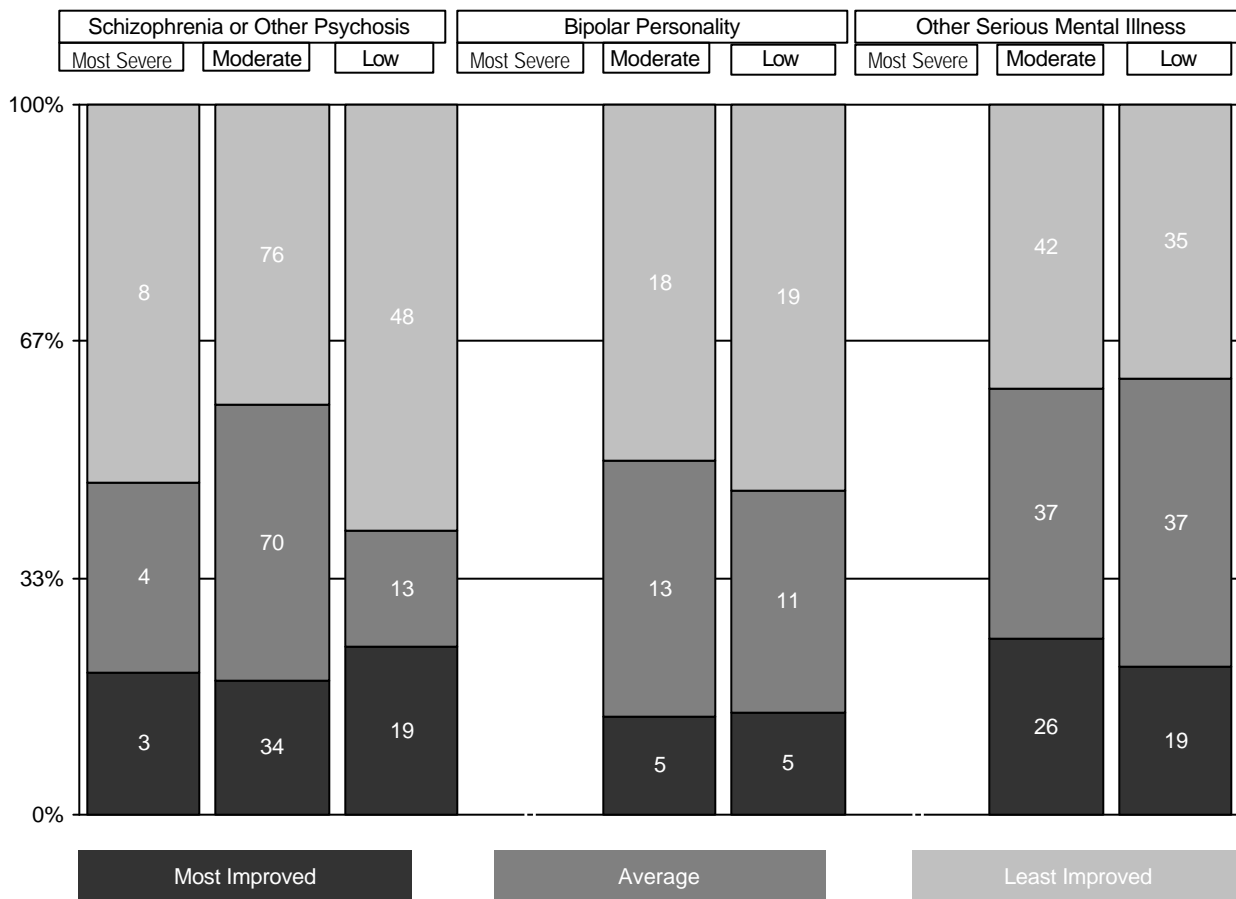
645 South Rogers Street
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Tri-City Comprehensive Community Mental Health Center, Inc.

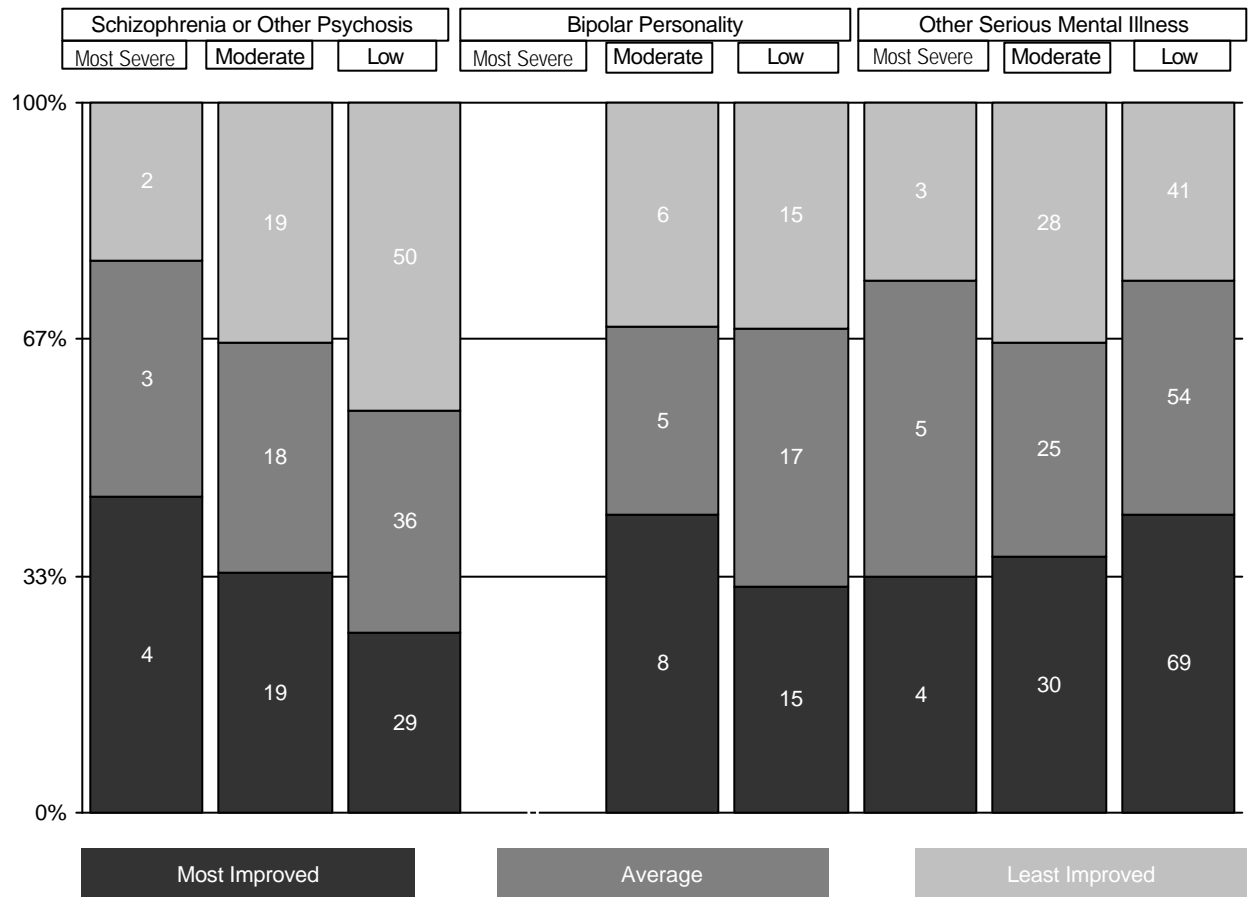
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CEO

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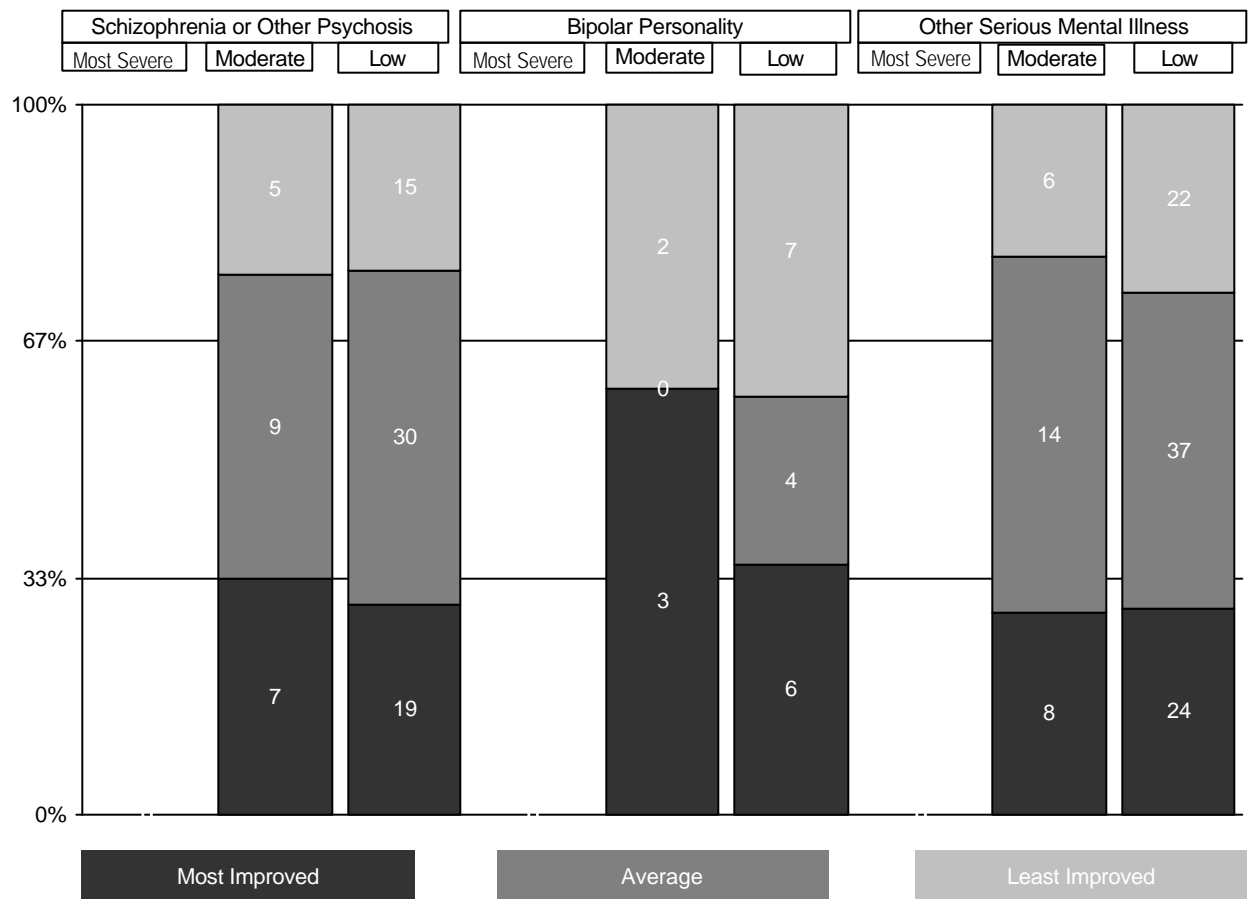
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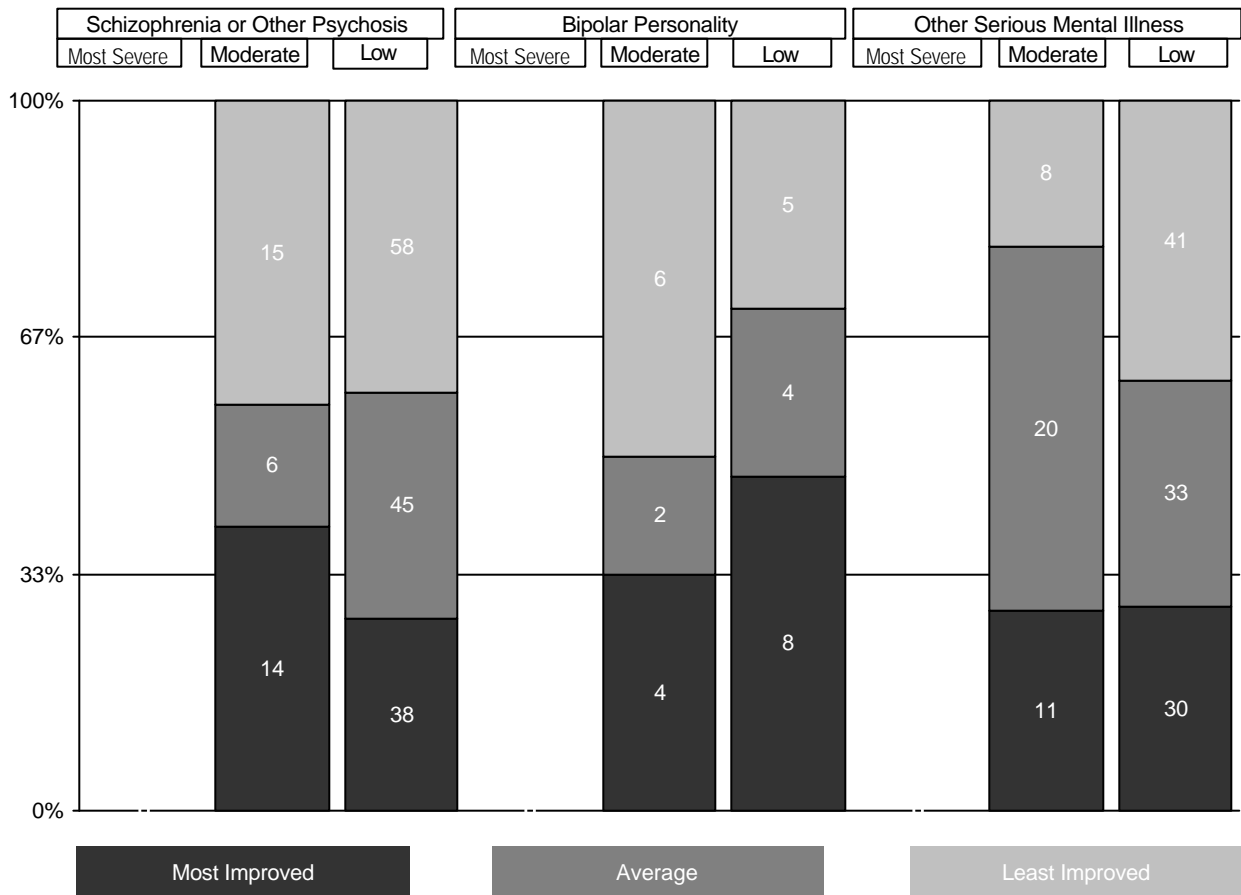
CEO

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Consumer Contact

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Kim Cowie
Practice Management Supervisor
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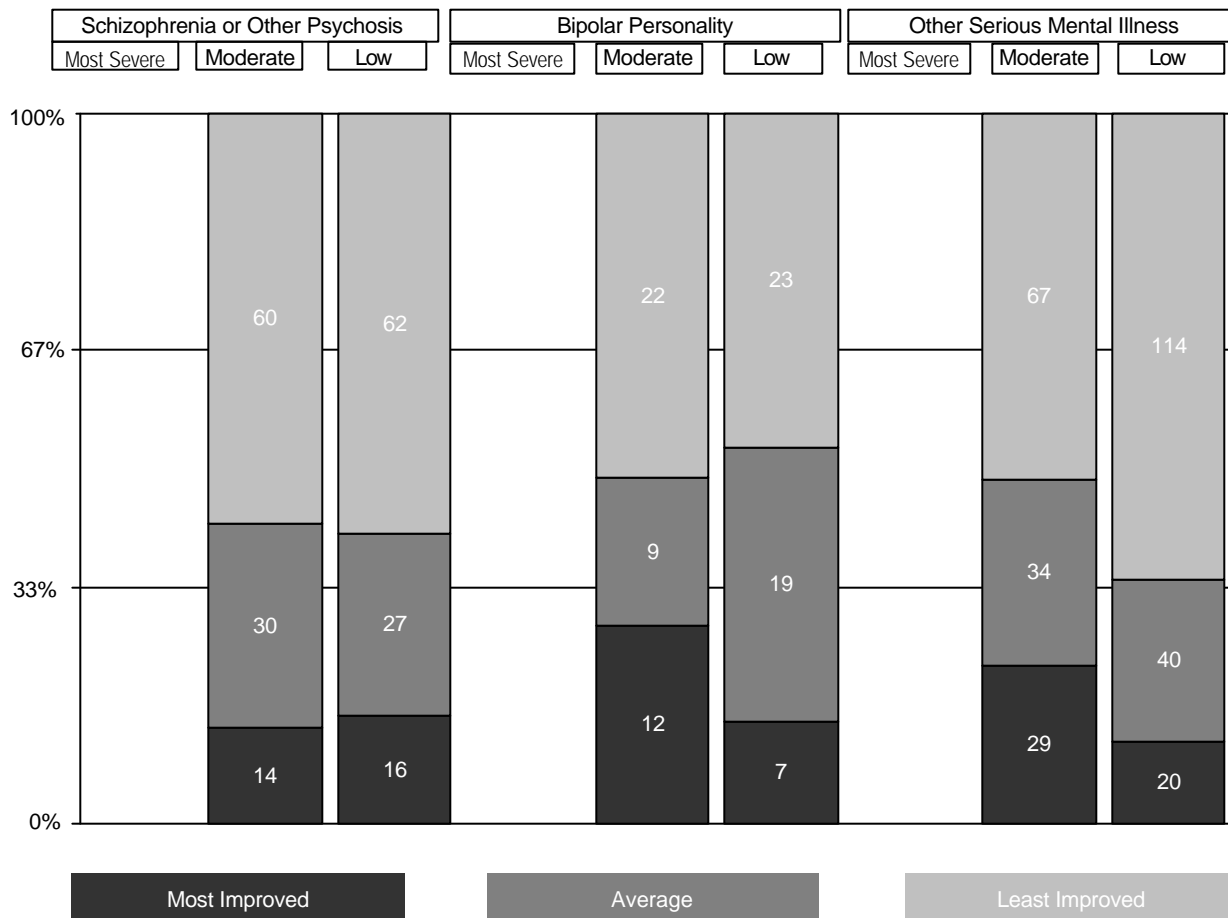
Wabash Valley Hospital, Inc.
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CEO

Craig Lysinger
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Consumer Contact

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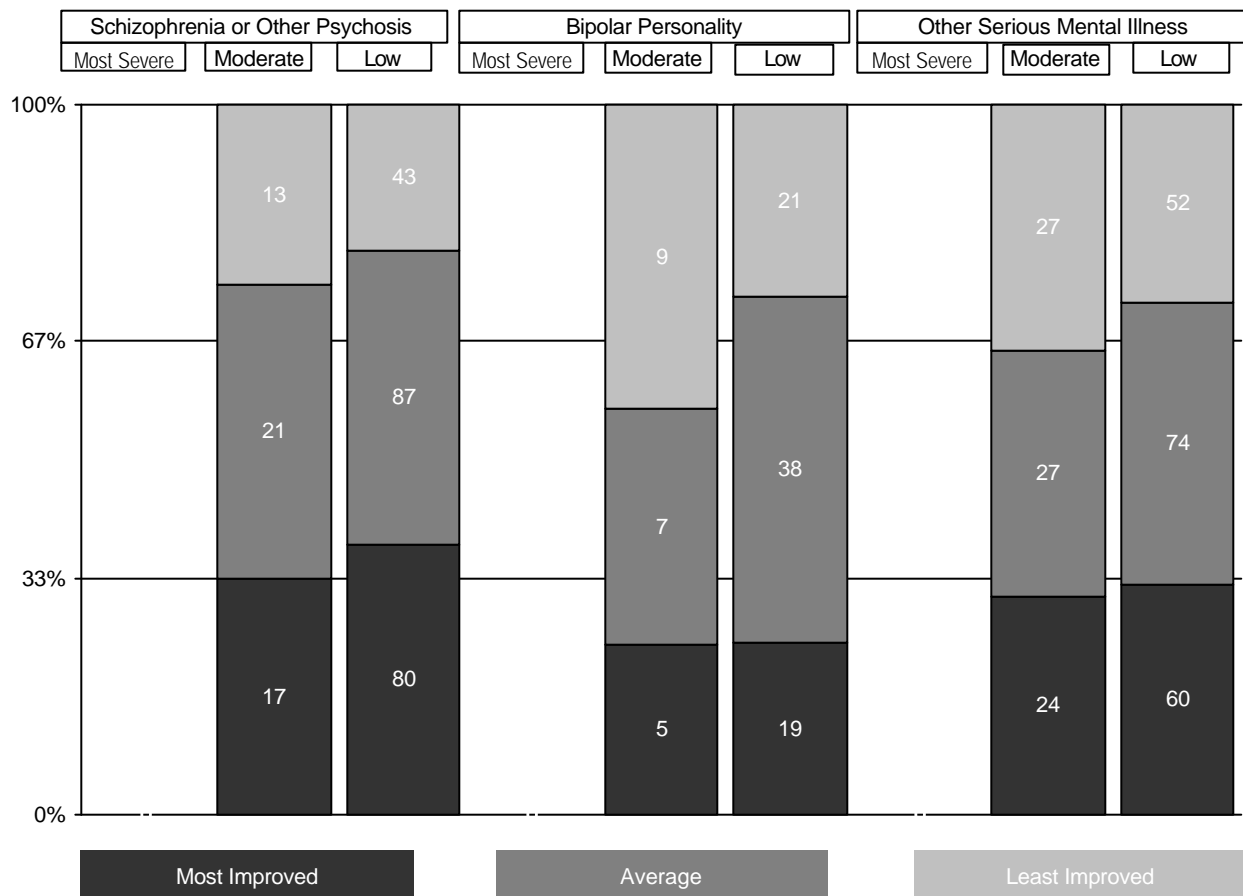
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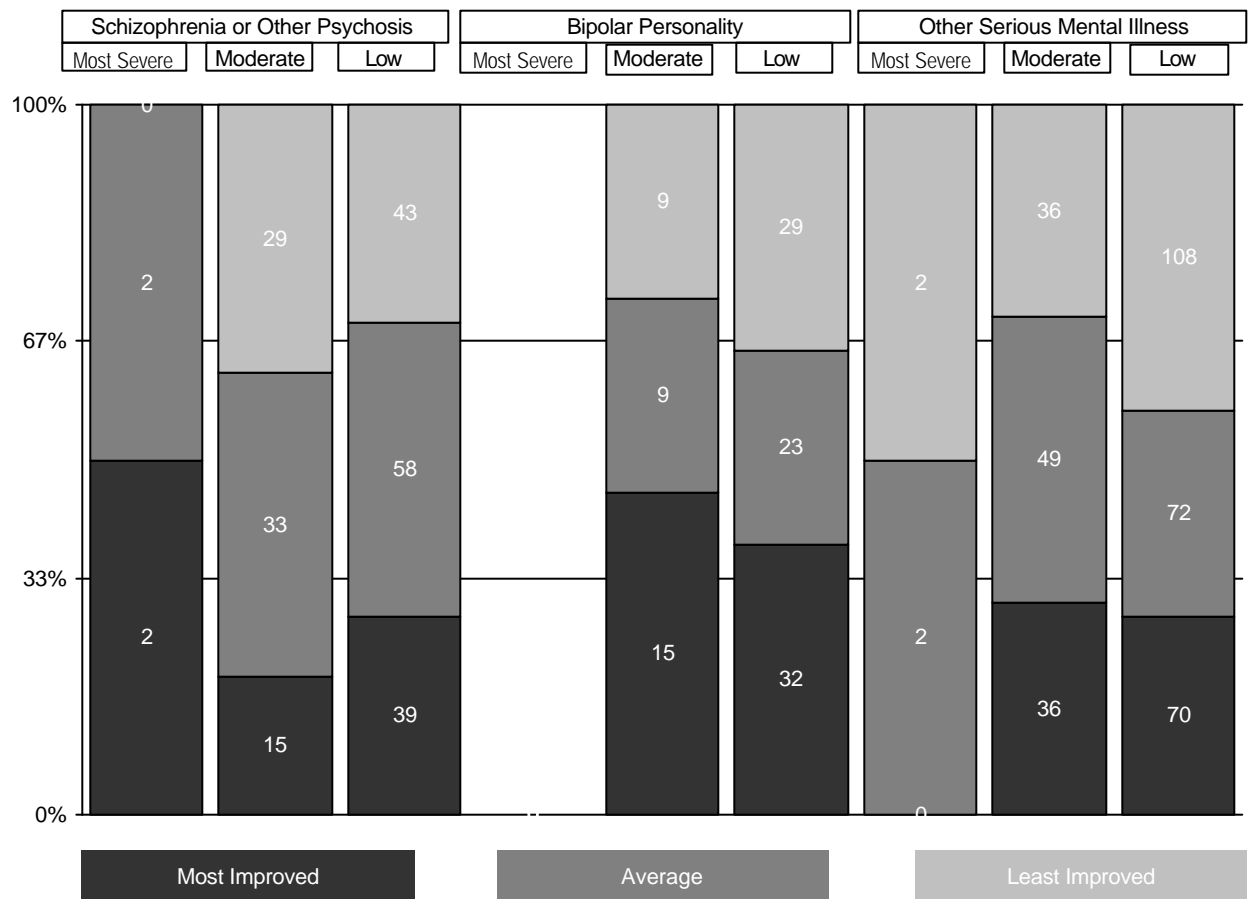
(417)
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Porter-Starke Services, Inc.

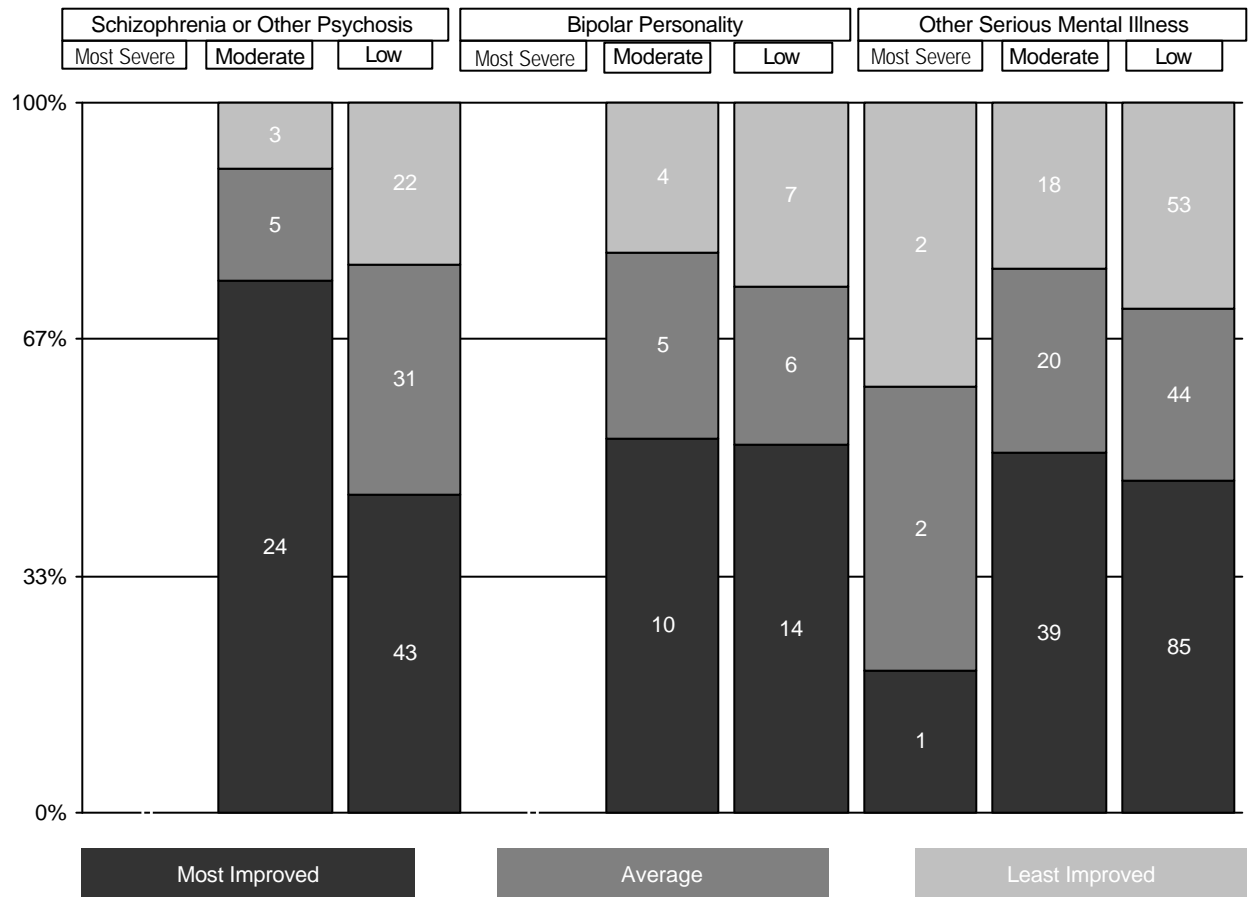
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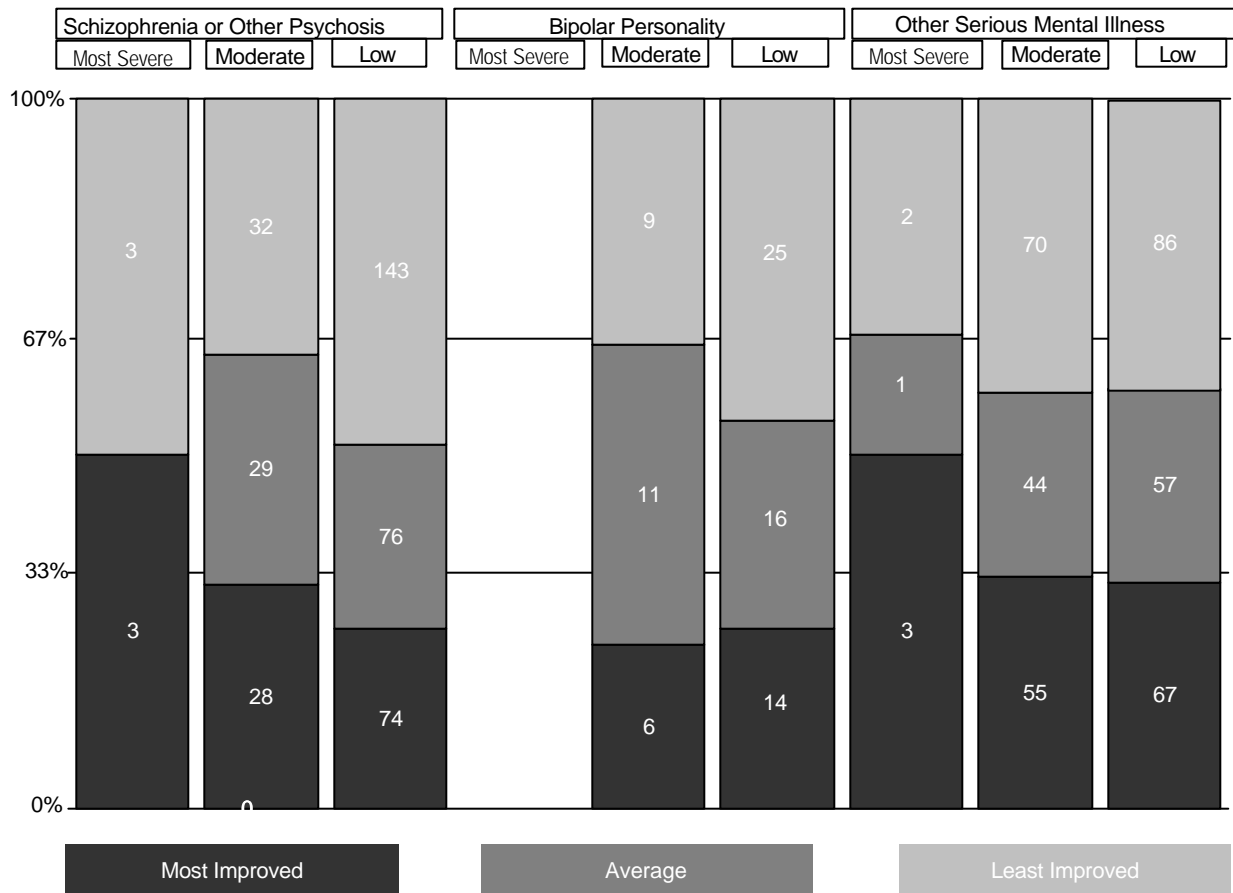
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Executive Director

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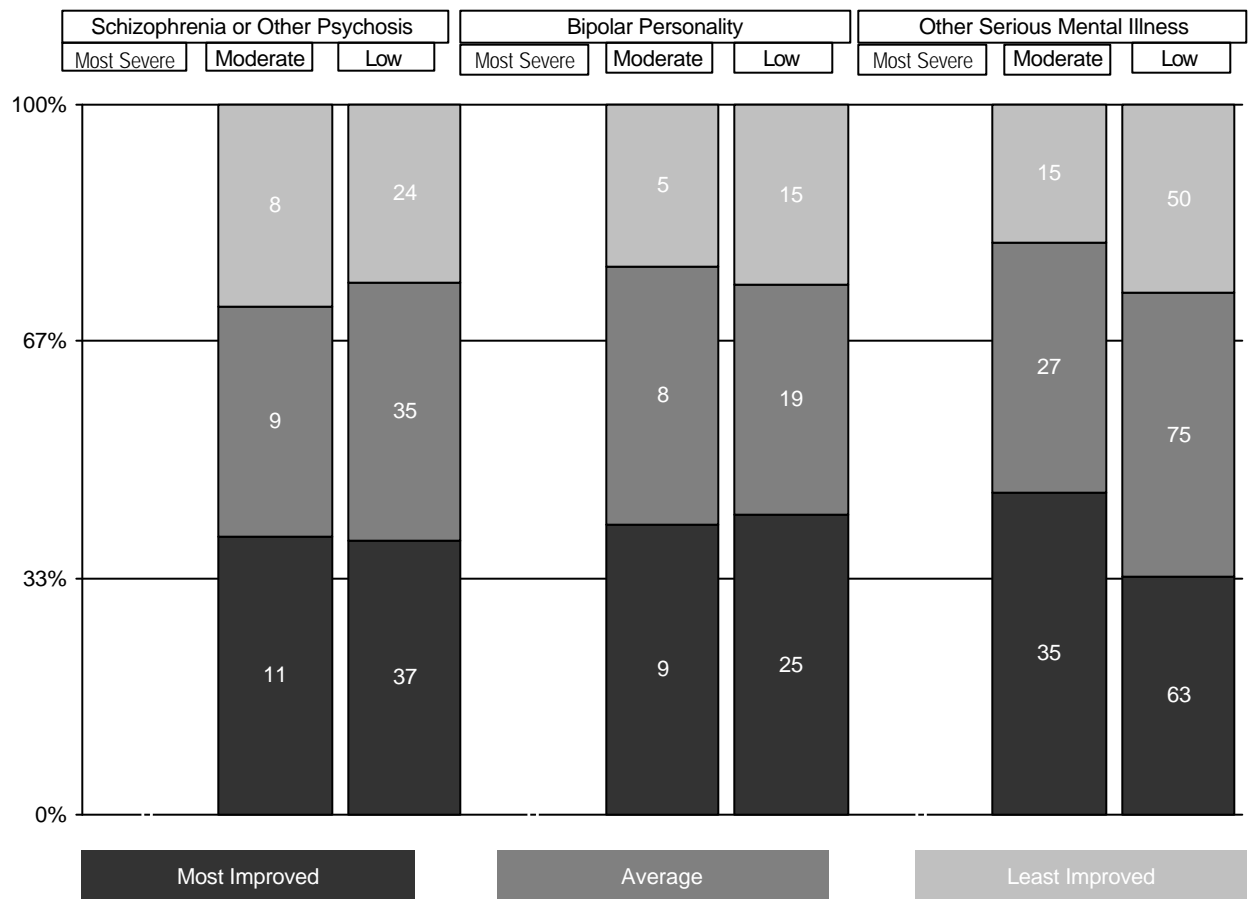
Consumer Contact

Joe Kimmel, MSW, ACSW

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jkimmel@southernhills.org



Edgewater Systems For Balanced Living, Inc.

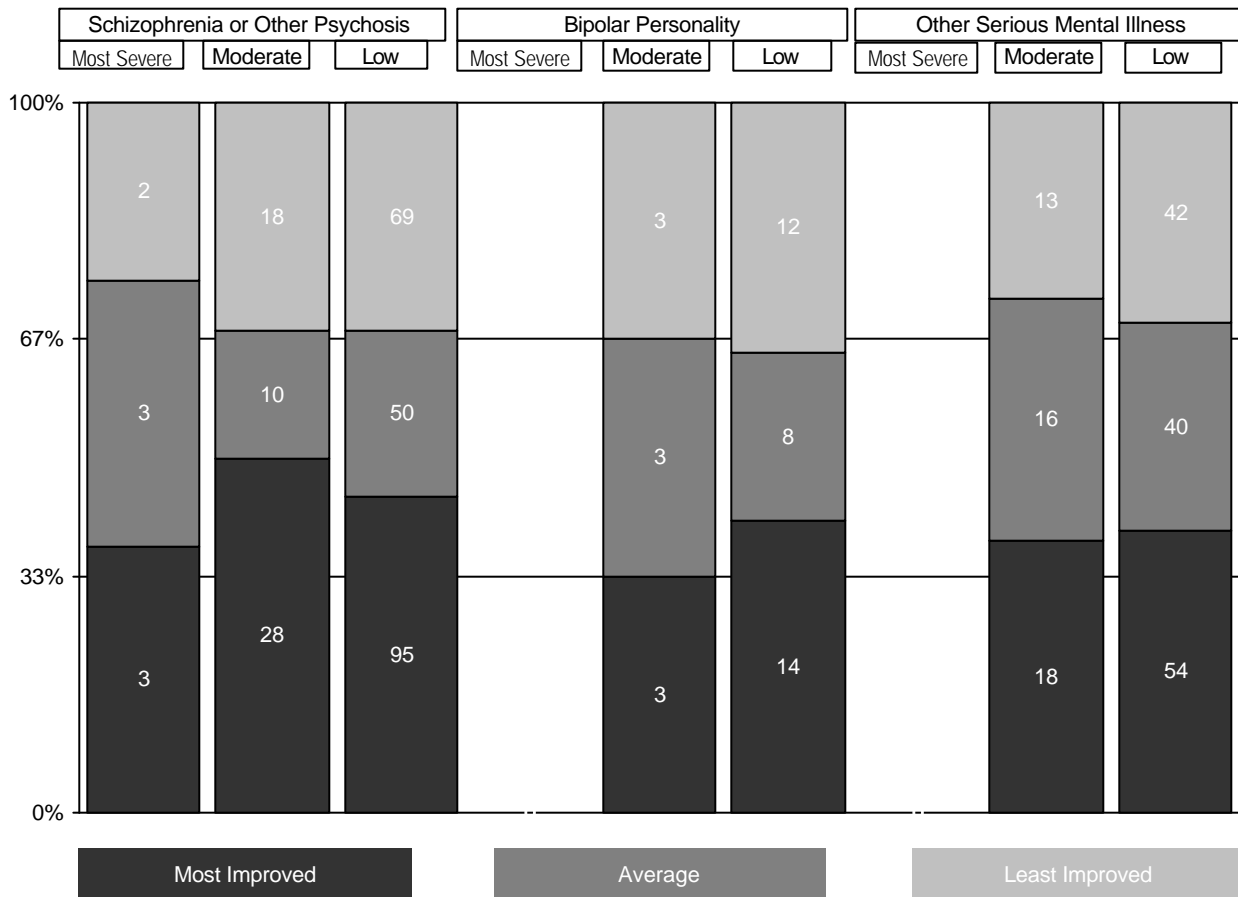
(421)
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CEO

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Consumer Contact

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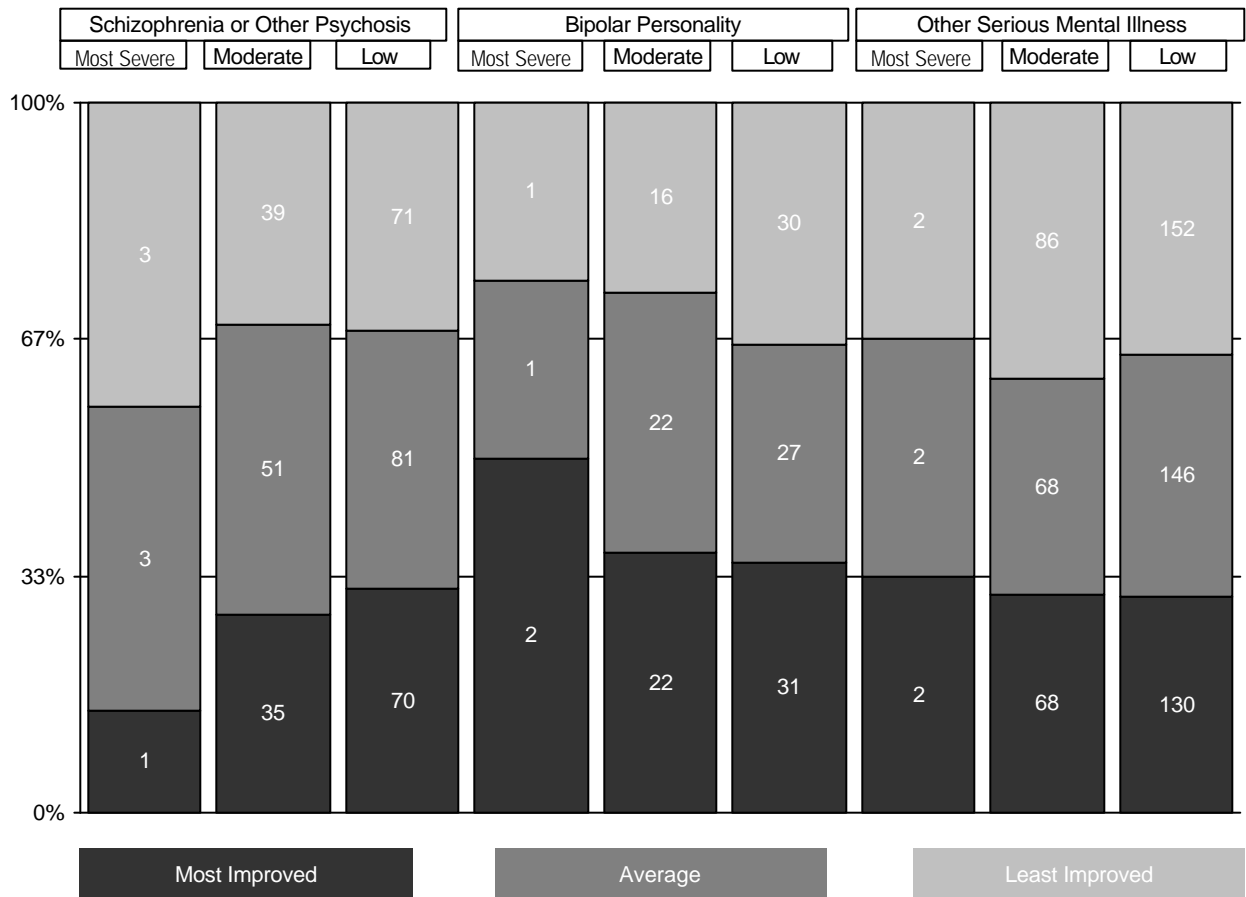
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Robert Coles

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Otis R. Bowen Center for Human Services, Inc.

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CEO

Kurt Carlson

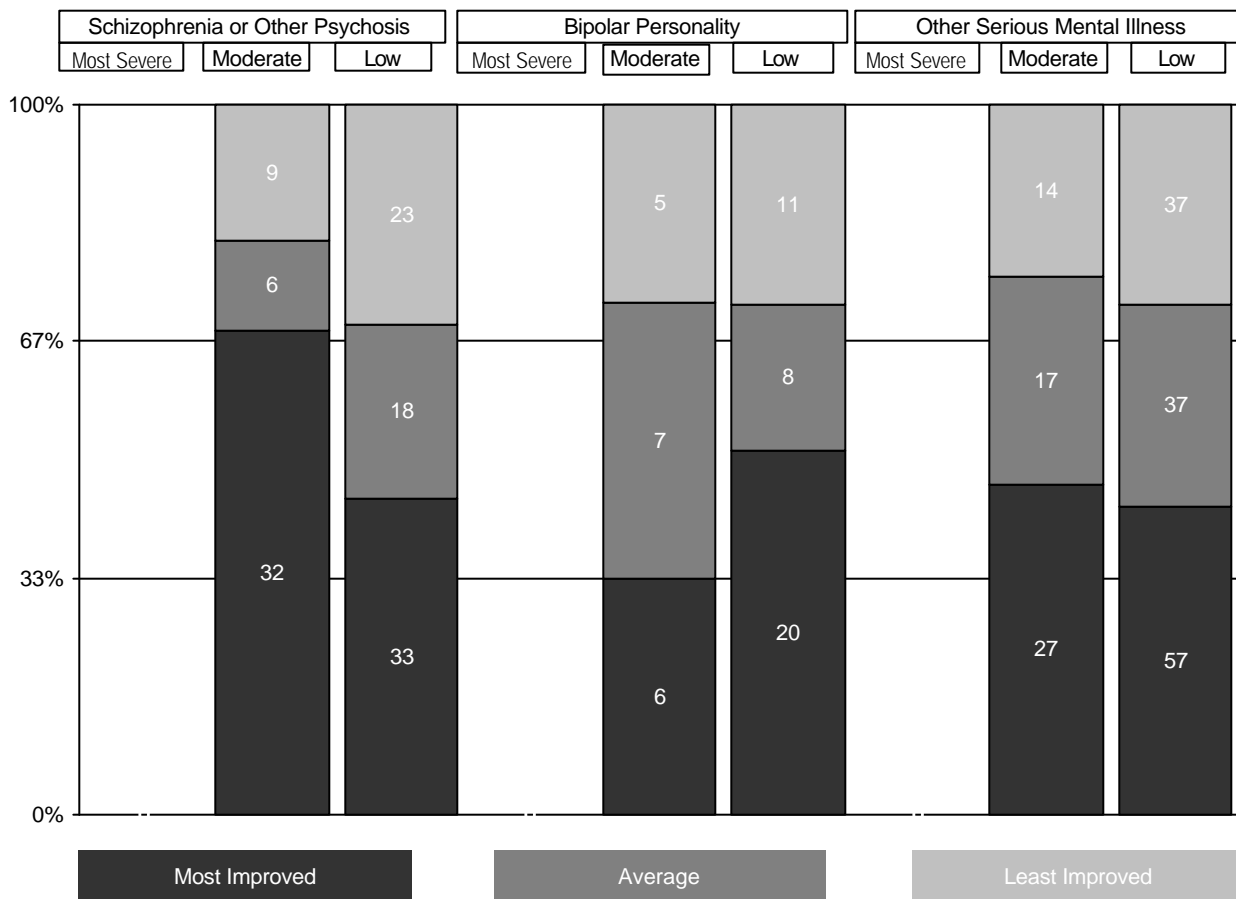
(574) 267-7169

Consumer Contact

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Division Director

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Southlake Community Health Center, Inc.

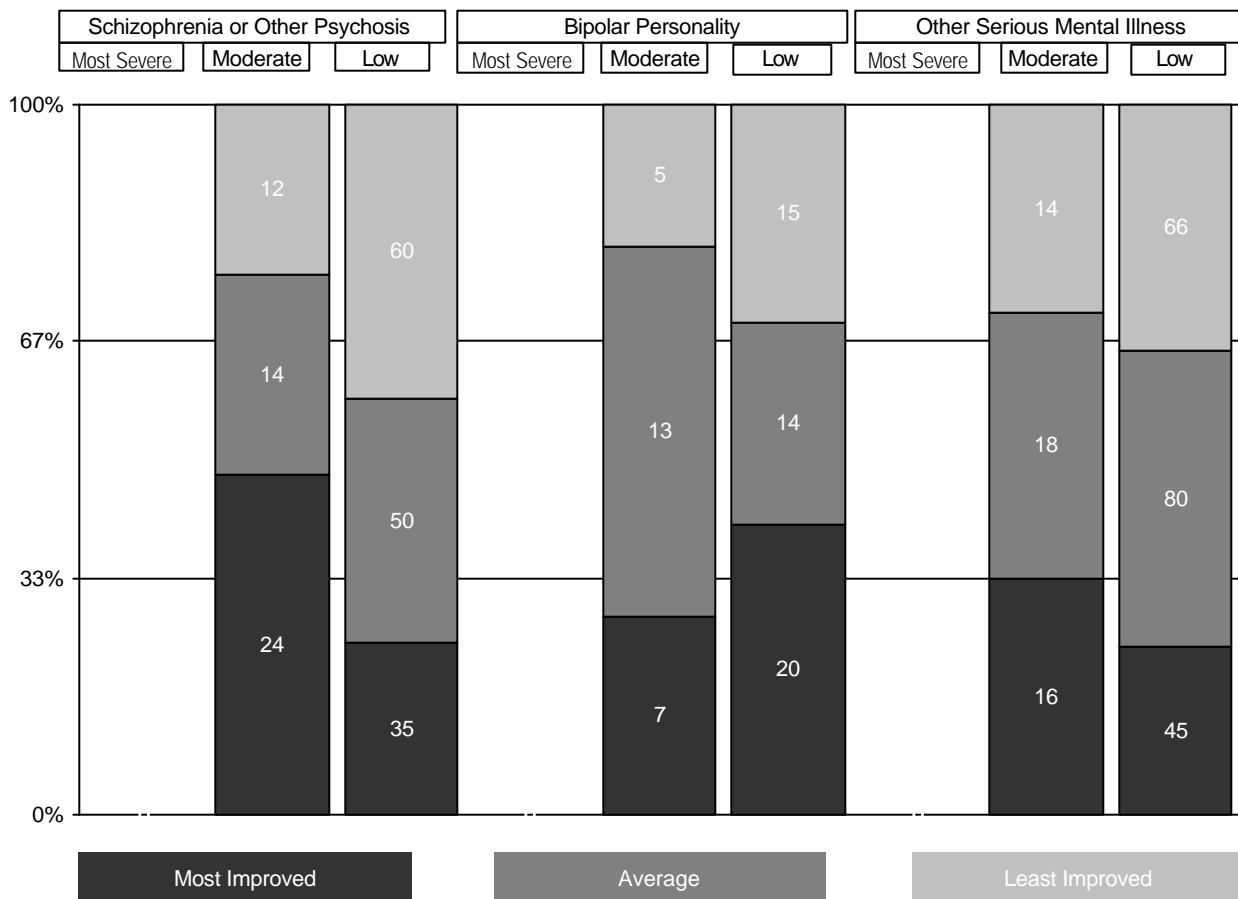
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CEO

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CEO
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CEO

C. Richard DeHaven, MA, MS

President/CEO

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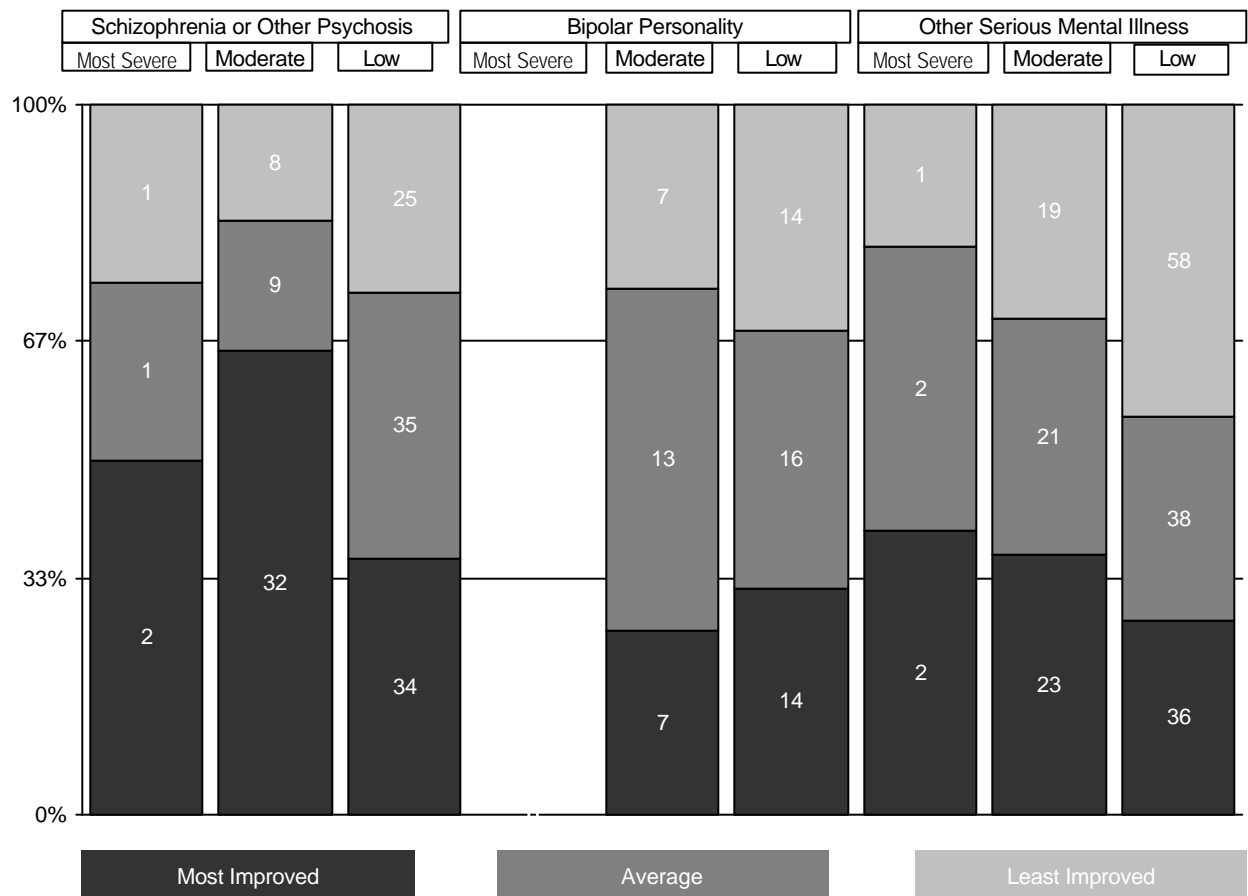
Consumer Contact

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COO

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Northeastern Center, Inc.

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CEO

Jerry Hollister, MBA, CPA

CEO

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Consumer Contact

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Continuing Care Director

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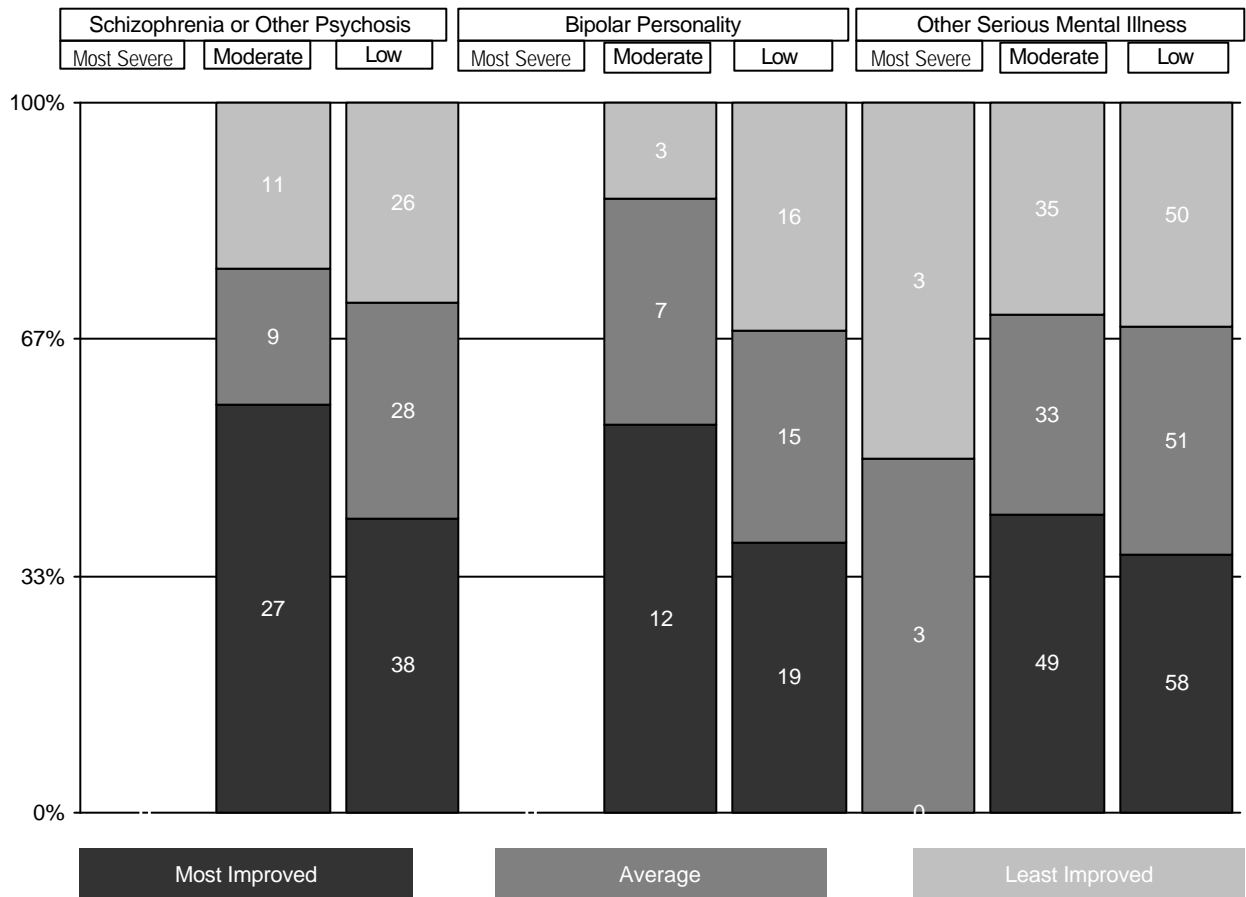
ssprague@northeasterncenter.org

Karen Markward, MS, LSW

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CEO

Lawrence Ulrich

CEO

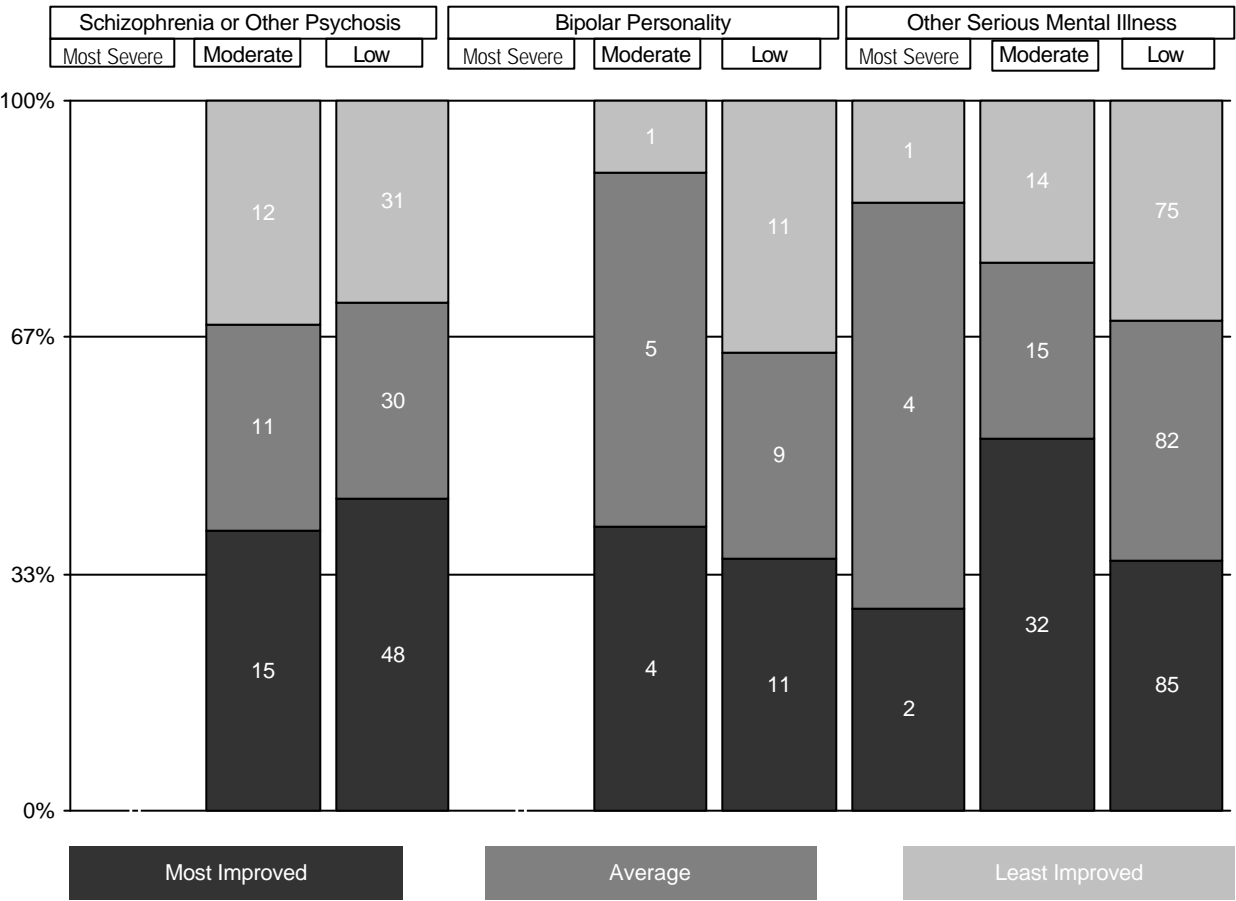
(574) 722-5151

Consumer Contact

Frank Choate

Department Manager

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Cummins Mental Health Center

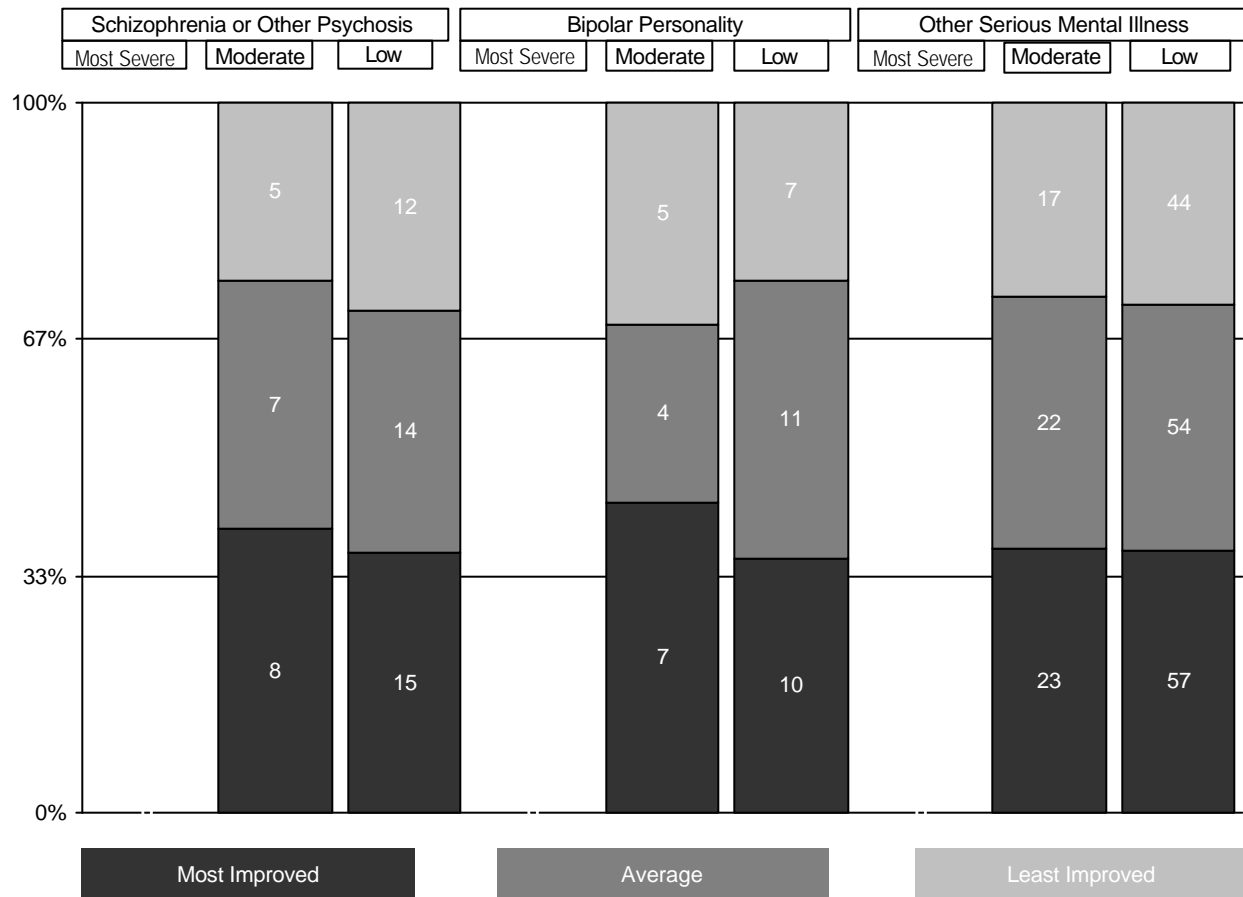
(428)
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Avon, IN 46123
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CEO

Ann Borders, MA
CEO
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Adult and Child Mental Health Centers, Inc.

(429)

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Indianapolis, IN 46227

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CEO

A. Robert Dunbar

Executive Director

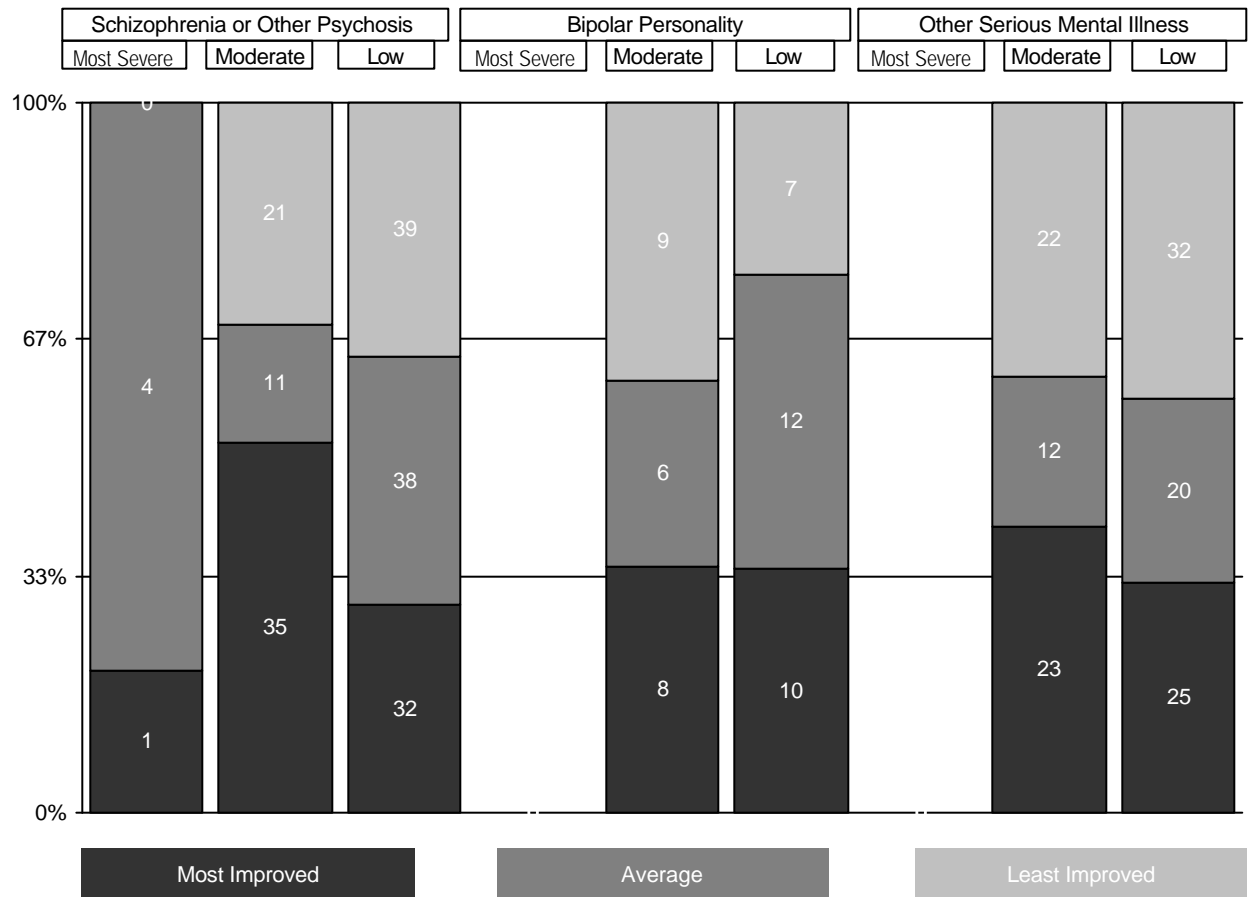
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Consumer Contact

Dana Frantz

Director

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BehaviorCorp

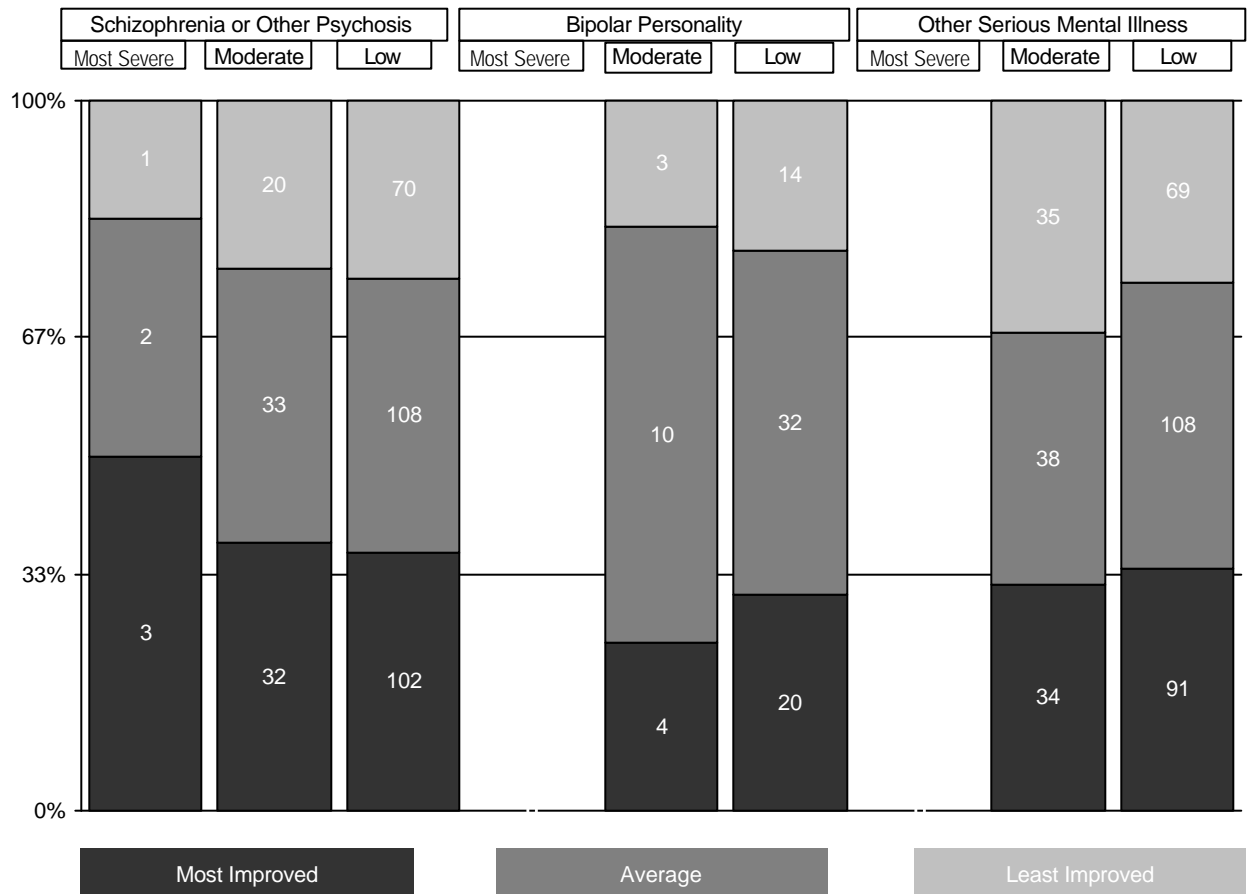
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Data Tables

Schizophrenia or Other Psychosis – SFY 2000-2001												
	Most Severe				Moderate				Low			
	Least Improved	Average	Most Improved	Total	Least Improved	Average	Most Improved	Total	Least Improved	Average	Most Improved	Total
401 Midtown	1	3	5	9	39	42	71	152	148	206	177	531
402 LifeSpring	5	2	0	7	26	44	47	117	49	79	73	201
403 Samaritan	0	0	0	0	11	11	3	25	51	41	31	123
404 Southwestern	8	4	2	14	83	126	78	287	50	77	78	205
405 Hamilton	2	0	0	2	37	31	43	111	79	47	44	170
406 Madison	4	2	0	6	96	84	31	211	49	64	66	179
407 Howard	0	0	0	0	3	17	14	34	7	26	32	65
408 Quinco	3	6	2	11	61	38	29	128	36	22	19	77
409 Oaklawn	0	4	5	9	17	17	24	58	41	53	35	129
410 Swanson	2	3	1	6	30	33	24	87	24	9	16	49
411 Center	8	4	3	15	76	70	34	180	48	13	19	80
412 Tri-City	2	3	4	9	19	18	19	56	50	36	29	115
413 Community	0	0	0	0	5	9	7	21	15	30	19	64
414 Grant	0	0	0	0	15	6	14	35	58	45	38	141
415 Wabash	0	0	0	0	60	30	14	104	62	27	16	105
416 Gallahue	0	0	0	0	13	21	17	51	43	87	80	210
417 Dunn	0	2	2	4	29	33	15	77	43	58	39	140
418 Porter	0	0	0	0	3	5	24	32	22	31	43	96
419 Park	3	0	3	6	32	29	28	89	143	76	74	293
420 Southern	0	0	0	0	8	9	11	28	24	35	37	96
421 Edgewater	2	3	3	8	18	10	28	56	69	50	95	214
422 Comprehensive	3	3	1	7	39	51	35	125	71	81	70	222
423 Otis R. Bowen	0	0	0	0	9	6	32	47	23	18	33	74
424 Southlake	0	0	0	0	12	14	24	50	60	50	35	145
425 Ctr for Mental Hth	1	1	2	4	8	9	32	49	25	35	34	94
426 Northeastern	0	0	0	0	11	9	27	47	26	28	38	92
427 Four County	0	0	0	0	12	11	15	38	31	30	48	109
428 Cummins	0	0	0	0	5	7	8	20	12	14	15	41
429 Adult and Child	0	4	1	5	21	11	35	67	39	38	32	109
430 Behavior	1	2	3	6	30	33	32	95	70	108	102	280
Totals	45	46	37	128	828	834	815	2477	1468	1514	1467	4449

Bipolar Personality – SFY 2000-2001												
	Most Severe				Moderate				Low			
	Least Improved	Average	Most Improved	Total	Least Improved	Average	Most Improved	Total	Least Improved	Average	Most Improved	Total
401 Midtown	0	0	0	0	6	8	11	25	39	43	40	122
402 LifeSpring	2	2	2	6	13	15	18	46	22	26	31	79
403 Samaritan	0	0	0	0	5	3	2	10	26	16	12	54
404 Southwestern	0	0	0	0	37	38	37	112	44	61	47	152
405 Hamilton	1	2	1	4	7	11	11	29	12	7	11	30
406 Madison	0	0	0	0	9	10	5	24	18	11	9	38
407 Howard	0	0	0	0	1	2	2	5	4	4	6	14
408 Quinco	0	0	0	0	27	12	4	43	14	14	4	32
409 Oaklawn	0	0	0	0	5	4	6	15	11	12	11	34
410 Swanson	0	0	0	0	6	7	11	24	4	15	12	31
411 Center	0	0	0	0	18	13	5	36	19	11	5	35
412 Tri-City	0	0	0	0	6	5	8	19	15	17	15	47
413 Community	0	0	0	0	2	0	3	5	7	4	6	17
414 Grant	0	0	0	0	6	2	4	12	5	4	8	17
415 Wabash	0	0	0	0	22	9	12	43	23	19	7	49
416 Gallahue	0	0	0	0	9	7	5	21	21	38	19	78
417 Dunn	0	0	0	0	9	9	15	33	29	23	32	84
418 Porter	0	0	0	0	4	5	10	19	7	6	14	27
419 Park	0	0	0	0	9	11	6	26	25	16	14	55
420 Southern	0	0	0	0	5	8	9	22	15	19	25	59
421 Edge-water	0	0	0	0	3	3	3	9	12	8	14	34
422 Comprehensive	1	1	2	4	16	22	22	60	30	27	31	88
423 Otis R. Bowen	0	0	0	0	5	7	6	18	11	8	20	39
424 Southlake	0	0	0	0	5	13	7	25	15	14	20	49
425 Ctr for Mental Hth	0	0	0	0	7	13	7	27	14	16	14	44
426 Northeastern	0	0	0	0	3	7	12	22	16	15	19	50
427 Four County	0	0	0	0	1	5	4	10	11	9	11	31
428 Cummins	0	0	0	0	5	4	7	16	7	11	10	28
429 Adult and Child	0	0	0	0	9	6	8	23	7	12	10	29
430 Behavior	0	0	0	0	3	10	4	17	14	32	20	66
Totals	4	5	5	14	263	269	264	796	497	518	497	1512

Other Serious Mental Illness – SFY 2000-2001

	Most Severe				Moderate				Low			
	Least Improved	Average	Most Improved	Total	Least Improved	Average	Most Improved	Total	Least Improved	Average	Most Improved	Total
401 Midtown	3	3	1	7	24	38	44	106	147	157	173	477
402 LifeSpring	4	2	3	9	66	77	58	201	84	102	110	296
403 Samaritan	0	0	0	0	24	17	10	51	86	55	45	186
404 Southwestern	2	3	7	12	92	133	149	374	142	215	214	571
405 Hamilton	0	3	2	5	46	39	28	113	79	62	52	193
406 Madison	0	0	0	0	55	42	25	122	26	24	19	69
407 Howard	0	0	0	0	6	15	15	36	18	22	28	68
408 Quinco	3	2	2	7	65	59	42	166	65	54	54	173
409 Oaklawn	0	1	4	5	22	34	28	84	57	91	77	225
410 Swanson	4	2	2	8	22	22	14	58	50	50	53	153
411 Center	0	0	0	0	42	37	26	105	35	37	19	91
412 Tri-City	3	5	4	12	28	25	30	83	41	54	69	164
413 Community	0	0	0	0	6	14	8	28	22	37	24	83
414 Grant	0	0	0	0	8	20	11	39	41	33	30	104
415 Wabash	0	0	0	0	67	34	29	130	114	40	20	174
416 Gallahue	0	0	0	0	27	27	24	78	52	74	60	186
417 Dunn	2	2	0	4	36	49	36	121	108	72	70	250
418 Porter	2	2	1	5	18	20	39	77	53	44	85	182
419 Park	2	1	3	6	70	44	55	169	86	57	67	210
420 Southern	0	0	0	0	15	27	35	77	50	75	63	188
421 Edgewater	0	0	0	0	13	16	18	47	42	40	54	136
422 Comprehensive	2	2	2	6	86	68	68	222	152	146	130	428
423 Otis R. Bowen	0	0	0	0	14	17	27	58	37	37	57	131
424 Southlake	0	0	0	0	14	18	16	48	66	80	45	191
425 Ctr for Mental Hth	1	2	2	5	19	21	23	63	58	38	36	132
426 North-eastern	3	3	0	6	35	33	49	117	50	51	58	159
427 Four County	1	4	2	7	14	15	32	61	75	82	85	242
428 Cummins	0	0	0	0	17	22	23	62	44	54	57	155
429 Adult and Child	0	0	0	0	22	12	23	57	32	20	25	77
430 Behavior	0	0	0	0	35	38	34	107	69	108	91	268
Totals	32	37	35	104	1008	1033	1019	3060	1981	2011	1970	5962